S. No. 2
M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41286

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1047

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1306 W. Atlantic St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1306 W. Atlantic St. 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Redford Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife L. M. Williams

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April (Month) 12, (Day) 1875 (Year)

8. AGE: Years ✓ 70 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Lawrence Co., (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Brice Patton
13. Birthplace Unk (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Sarah Hazlett
15. Birthplace Unk. (City, town, or county) Ill. (State or foreign country) /

16. (a) Informant L. M. Williams
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director R. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 12-22-45 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1945 hour 7 minutes 15 A. M.

21. I hereby certify that I attended the deceased from 11,15,44, 19..., to 12,20,1945, 19...; that I last saw her alive on 12,19,1945, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer-uterus	2 yrs or more
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. D. Munck (M.D. or other)
Address Springfield, Mo. Date signed 12, 20, 1945

984 (Licensed Embalmer's Statement on Reverse Side)

W

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X