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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

No Honorary

State File No. 41783

Registration District No. 200 | Primary Registration District No. 3041 | Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: Macon
(c) City or town: Macon
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Martha Williams
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov 7 1857 (Month) (Day) (Year)
8. AGE: Years 88 | Months | Days 25 | If less than one day ..... hr. ..... min.
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business: Absolem Markley
MOTHER FATHER
12. Name: Absolem Markley
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Ann Chatman
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Lola Ralston
(b) Address: Macon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 6-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Laplata Mo
18. (a) Signature of funeral director: Pelent & Kemm
(b) Address: Macon Mo
19. (a) 12/5/45 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1945 hour 5 minute a M.
21. I hereby certify that I attended the deceased from 12/2/1944 to 12/4 1945, to ....., 19..., that I last saw h. alive on ..... 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Vascular Renal disease	3 yr months
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature: D. Donovan (M. D. or other)
Address: Macon Date signed 12/4/45

1652 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 16 1958

RECEIVED
District Health Officer No. 10
District File Number 12-45-1929
Date Filed DEC 20 1945

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon Mo

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.