S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41174

State File No.

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 151

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon Rural 55
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Sophia Williams
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Floyd Williams
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Jan (Month) 12 (Day) 1890 (Year)
8. AGE: Years 56 Months 4 Days 12 If less than one day hr. min.
9. Birthplace Aurora Mo (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business Agriculture
MOTHER
12. Name Perth Hood
13. Birthplace Ind (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Mary Lawson
15. Birthplace Aurora Mo (City, town, or county) (State or foreign country)
16. (a) Informant Floyd Williams
(b) Address Mt Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Park
18. (a) Signature of funeral director Geo S Orr
(b) Address Mt Vernon Mo
19. (a) 12/26/46 (Date received local registrar) (b) Ora McNall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24th year 1946 hour 6:30 minute A.M.
21. I hereby certify that I attended the deceased from Dec 24, 1946, to Dec 24, 1946 that I last saw her alive on Dec 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ex Internal burns to body	12 hours
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) accidental burns
(b) Date of occurrence Dec 24, 1946
(c) Where did injury occur? Lawrence Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)
While at work? (e) Means of injury fire
23. Signature P A Holmes (M. D. or other)
Address Mt Vernon Mo Date signed 12-26-46

157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 147-17
Date Filed JAN 6 1947

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 Geo. B. Orme

Licensed Embalmer No. 946

P. O. Address Mt Vernon

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.