

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41619

State File No. _____

Registration District No. 275

Primary Registration District No. 5942

Registrar's No. 150

1. PLACE OF DEATH

(a) County Phelps. Rolla Sup

(b) City or town Rolla - RURAL
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Phelps 81

(c) City or town Rolla - RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 1-
(If rural, give location)

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

3. (a) PRINT FULL NAME Mabel Lucille Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1946 hour 11 minute 15 a M.

21. I hereby certify that I attended the deceased from _____
to _____, 1946

4. Sex Female 5. Color or race Wh

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAMES LAWRENCE WILLIAMS

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug 5 1927
(Month) (Day) (Year)

that I last saw him live on Dec. 5, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 19 Months 4 Days 0
If less than one day hr. _____ min. _____

Immediate cause of death GUNSHOT WOUND FROM BACK THROUGH LEFT SIDE - DISCHARGE FROM DOUBLE BARRILL 12 GAUGE SHOTGUN IN HANDS OF HUSBAND. MURDER & SUICIDE.

Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings: _____
Of operations _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name JAMES M. COUCH

13. Birthplace SEATON Mo
(City, town, or county) (State or foreign country)

14. Maiden name WONA BROOKING

15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

Of autopsy 166

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

16. (a) Informant Lewis Perego

(b) Address Rolla Mo

17. (a) BURIAL (b) Date thereof 12-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roach Cem

18. (a) Signature of funeral director ROLLA NULSON F.H.

(b) Address Rolla Mo

19. (a) 12-11-46 (b) Nadine L. Stoll
(Date signed local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Dec 5 1946

(c) Where did injury occur? RURAL Rolla Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FARM home (Specify type of place)

While at work? No (e) Means of injury Gunshot

23. Signature S. B. Nye 3
Address Rolla Mo Date signed 12/6/46
(Dr. P. or other)

380

(Licensed Embalmer's Statement on Reverse Side)

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

404332

DEC 20 1948

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 me.

....., Registered Apprentice No.
working under my personal supervision.

Signed S. B. [Signature]
Licensed Embalmer No. 2294
P. O. Address Railroad [Signature]

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.