

No. 2
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-5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19804

State File No.

FILED MAY 23 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 100

1. PLACE OF DEATH

(a) County Saline

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

(c) Name of hospital or institution:
Home
(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) 50 years

In this community _____

3. (a) PRINT FULL NAME BERTHA WILLIAMS

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex 7 3

5. Color or race Negro

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

6. (b) Name of husband or wife Gilbert Williams

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 4 24 unknown
(Month) (Day) (Year)

8. AGE: Years about 64 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Sweet Springs, Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Miss Stevenson

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

14. Maiden name Caroline Walker

15. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Williams

(b) Address 330 N. Salt Pond St.

17. (a) Burial (b) Date thereof 5-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salt Pond Cemetery

18. (a) Signature of funeral director A. D. Ferguson

(b) Address 117 E. Jefferson, Sedalia, Mo.

19. (a) May 8, 1947 (b) Sidney Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

(d) Street No. 330 N. Salt Pond St.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1947
to May 7th, 1947
and that death occurred on the date and hour stated above.

that I last saw her alive on May 6th, 1947

Immediate cause of death Carcinoma of Breast Duration 1 yr.

Due to _____

Due to _____

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

Major findings: 50

Of operations _____

Of autopsy none

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

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

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence May

(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 0

23. Signature W. H. Madison (M. D. or other)

Address Marshall, Mo. Date signed 5-8-47

RECEIVED

District Health Officer No. 9.

District File Number

Date Filed

5-16-47

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 *A. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Sedalia*

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.