S. No. 2
M—5-43
. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40814

Registration District No. 18 | Primary Registration District No. 5037 | Registrar's No. 175

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: 6 miles of Mexico South. (If outside city or town limits, write "RURAL," and name of township) Salt River Twp

(c) Name of hospital or institution: Killed in car accident (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls 14

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

(d) Street No.: Highway 54 - 2 mi S. of Auxvasse (If rural, give location)

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

3. (a) PRINT FULL NAME: Ollie Williams

3. (b) If veteran, name war: 3

3. (c) Social Security No.:

4. Sex: female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Fred Williams

6. (c) Age of husband or wife if alive: years 99

7. Birth date of deceased: Dec. (Month) 29 (Day) 1888 (Year)

8. AGE: Years 59 | Months 11 | Days 7 | If less than one day: hr. 0 min.

9. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business: None

FATHER
12. Name: Sam Clark
13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bettie Thompson
15. Birthplace: Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Edie Brown
(b) Address: 908-4th Ave Rock Island

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood cemetery, Mexico Mo

18. (a) Signature of funeral director: Jackson Parker Funeral Home
(b) Address: 409 So. Walnut

19. (a) 12/11/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1947 hour between 11 & 12 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 Case, 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: By accident in an auto wreck on Highway #54, 6 miles South of Mexico Mo. The car the deceased was riding in was travelling south meeting a car travelling north. As the deceased came even with the first car travelling north, the second car wheels was driven

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation: By Clifford Tipton Bentley pulled out for the deceased's car right away equipment the accident. The deceased was

Of autopsy

22. If death was due to external causes, fill in the following: (a) Accident, suicide or homicide (specify) injured carried by the wreck (b) Date of occurrence About 4 pm head and neck. Died from the injury received (c) Where did injury occur? This car (City or town) (County) (State) (d) Did injury occur in or about home, or farm, in industrial place, in public place? car travelling north was hopping at a high speed. He (Specify type of place) (e) While at work? (f) Means of injury

23. Signature: Jury of Coroners J. C. Adams Coroner (M. D. or other)

Address: Mexico Mo Date signed 12-8-47

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

(Licensed Embalmer's Statement on Reverse Side)

Clifford Tipton Bentley, while driving in a careless manner

RECEIVED
District Health Officer No. 10
District File Number 12-47-175
Date Filed DEC 16 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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.