S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

Registration District No. 99

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5332

State File No. 649

Registrar's No. 1

1. PLACE OF DEATH:

(a) County DADE

(b) City or town Rural - Earnest Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9 Miles N.W. of Greenfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DADE 29

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

(d) Street No. 9 Miles N.W. of Greenfield
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME MINNIE CATHERINE WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EVERETT WILLIAMS

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

7. Birth date of deceased JANUARY (Month) 7 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	27	hr. min.

9. Birthplace DADE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓ ✓ ✓

FATHER
12. Name RADFORD C. DIVINE
13. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name FRANE RUSSELL
15. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

16. (a) Informant Everett Williams
(b) Address R#2 - Greenfield, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation FANNING CEMETERY

18. (a) Signature of funeral director Sam E. Sweeney Jr
(b) Address Greenfield, Mo.

19. (a) Jan. 5-48 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from July, 1947, 19__ to Jan, 1948, that I last saw her alive on Dec 1, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HYPERTENSIVE HEART DISEASE	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 D

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank H. Birmer (M. D. ~~or other~~)

Address Lockwood, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-130
Date Filed JAN 29 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.