

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5767

State File No. ....

FILED MAR 6 1948

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:  
Pike Co. Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

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

(d) Street No. 514 Alabama St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maude Williams

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4  
year 1948 hour 9:20 P. minute \_\_\_\_\_ M.

4. Sex Female

5. Color or race Colored

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: September 27, 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-31, 1947 to 2-4, 1948  
that I last saw her alive on 2-4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Renal Failure Duration 48 hrs

8. AGE: Years 62 Months 4 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Undetermined - occurred 3 days following pelvic operation

Due to Possibly latent nephritis

9. Birthplace Dallas Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Latent Nephritis ?  
(Include pregnancy within 3 months of death)

11. Industry or business Home

12. Name Alex Johnson

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

14. Maiden name Ella Unknown  
(City, town, or county) (State or foreign country)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

16. (a) Informant Sanford Williams

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Haley Mortuary

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? \_\_\_\_\_

18. (a) Signature of funeral director Louisiana, Missouri

(b) Address \_\_\_\_\_

19. (a) 2/7/48 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Chas H Lemellen (M. D. or other) M.D.  
Address Louisiana, Mo. Date signed 2-7-48

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1957

RECEIVED  
District Health Officer No. 10  
District File Number 3-48-437  
Date Filed MAR 4 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, ~~KDY~~.....

~~Registered Embalmer No.~~.....

working under my personal supervision.

Signed

*George O. Wagner*

Licensed Embalmer No. 3778

P. O. Address Louisiana, 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.