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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1948

Registration District No. 75

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3015

State File No. 8215

Registrar's No. 98

1. PLACE OF DEATH:

(a) County: Clinton

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

(c) Name of hospital or institution: 617 E. 6th
(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: 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clinton 25

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

(d) Street No.: 617 E 6th
(If rural, give location)

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

If yes, name country: ✓

3. (a) PRINT FULL NAME: Margaret Ellen Williams

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: W.

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

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

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

7. Birth date of deceased: April (Month) 18 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 25 If less than one day hr. min.

9. Birthplace: Holmesville (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: Ezra Charlton
13. Birthplace: No record (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Mary Dawson
15. Birthplace: No record. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mrs. John Ensign
(b) Address: Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen

18. (a) Signature of funeral director: Leland Funeral Home
(b) Address: Cameron

19. (a) 3-16-48 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mch day: 13
year: 1948 hour: minute: 9:30 A.M.

21. I hereby certify that I attended the deceased from Jan, 1943 to March 13, 1948, that I last saw her alive on March 13, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	1 hr
Due to: Cerebral thrombosis	1 hr.
Due to: Encephalo-myelitis	5 yrs.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 80 B
Of autopsy:

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) 2
While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.
Address: Cameron Mo. Date signed: 3/15/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 George R. Trammell

Licensed Embalmer No. 4425

P. O. Address 309½ East 8th
Cameron, 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.