No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11189

State File No.

Registration District No. 324 | Primary Registration District No. 6093 | Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School 2
(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)
In this community: 7 yrs 2 Mo. 10 da

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 810 Normal
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Catherine Louise Williams
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 26 (Day) 1930 (Year)

8. AGE: Years 17 | Months 9 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business: None

MOTHER FATHER
12. Name: Roy C. Williams
13. Birthplace: Dallas Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name: Dassey May Davis
15. Birthplace: Donaphan (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Records Mo. State School
(b) Address: Marshall, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem. Springfield Mo
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall Mo
19. (a) 3-13-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from March 10, 1948, to March 12, 1948; that I last saw her alive on March 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
While at work? (e) Means of injury

23. Signature: R. O. Kelly (M. D. or other)
Address: Marshall Mo Date signed: 3/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-18-48

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 Joseph R Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 43 5-7

P. O. Address Marshall Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.