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ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13712

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 99

88
6
3

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103 E. Rollins
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Rand 88
(c) City or town Moberly 1
(If outside city or town limits, write "RURAL")
(d) Street No. 102 E. Rollins 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 6
If yes, name country .....

3. (a) PRINT FULL NAME WILMA Sue WILLIAMS
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Fem 3
5. Color or race col
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 4 (Month) 3 (Day) 1948 (Year)

8. AGE: Years ..... Months ..... Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Moberly (City, town, or county) Mo (State or foreign country)
10. Usual occupation Servant
11. Industry or business .....

FATHER
12. Name John Williams
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mattie E. Burton
15. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)

16. (a) Informant John Williams
(b) Address 102 E. Rollins
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oliver Cemetery
18. (a) Signature of funeral director R. L. Carr
(b) Address Moberly Mo
19. (a) Apr 6-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 3 minute — A.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Coroners Case

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

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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 Dr. Jno P. Henry (M. D. or other) L. P.
Address Moberly Mo Date signed 4/4/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED District Health Officer No. 10
District File Number 4-48-747
Date Filed APR 26 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.