

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 3 1949

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr Tom Francisco  
State File No. 39981  
Registrar's No. 28

Registration District No. 142 Primary Registration District No. 3333- Registrar's No. 28

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town Mountain View  
(c) Name of hospital or institution: R Chapel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 years  
In this community 31 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Howell  
(c) City or town Mountain View  
(If outside city or town limits, write "RURAL")  
(d) Street No. R Chapel  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Esther M. Williams  
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 30  
year 1948 hour 2 minute 15 a. M.  
21. I hereby certify that I attended the deceased from Oct. 20 1948 to Nov. 30 1948  
that I last saw her alive on Nov. 30 1948  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Harry L. Williams 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Aug 6 1886  
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema & circulatory collapse. Duration 1 wk.  
Due to Metastatic carcinoma of the liver 2 yrs.  
Due to.

8. AGE: Years 62 Months 3 Days 24 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 46F  
Of autopsy

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

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? 2  
While at work? (Specify type of place) (e) Means of injury.

11. Industry or business.  
12. Name Dave Markley  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry L. Williams  
(b) Address Mountain View, Mo.  
17. (a) Burial (b) Date thereof 12-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mtn View Cemetery  
18. (a) Signature of funeral director Duncan Funeral Home  
(b) Address Mountain View, Mo.  
19. (a) 12-23-48 (b) Laura Mitchell  
(Date received local registrar) (Registrar's signature)

23. Signature Thomas T. Francisco (M.D. or other) Dr.  
Address Willow Springs, Mo. Date signed Dec. 10, 48

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

46  
6  
0

MOTHER FATHER

RECEIVED 12-27-48  
District Health Officer No. 5,  
District File Number 12-27-48  
Date Filed 12-28-48

APR 14 1949

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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed *Joe R. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Stu View 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.