

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

27131  
Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH  
 (a) County Monroe Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162  
 (c) City Hammond (d) Street No. State Street St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 0 yrs. 1 mos. 9 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Wate Williams  
 (a) Residence, No. 430 S. E. 10th Monroe City St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgil Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1885  
 7. AGE YEARS 53 MONTHS 11 DAYS 25 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 FATHER 13. NAME Ed Rhoades  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 MOTHER 15. MAIDEN NAME Sandra Best  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 17. INFORMANT (ADDRESS) Hosp. Records  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hosp. Cemetery DATE July 19, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edwin Funeral Home  
Merada Mo.  
 20. FILED 7-19-39 1939 Uleud Way Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 16, 1939  
 I first saw him/her alive on July 15, 1939. Death is said to have occurred on the date stated above, at 9:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Hypertension 930  
 Other contributory causes of importance:  
Manic depressive psychosis  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicidal suicide Date of injury July 16, 1939  
 Where did injury occur? Hammond City  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In home believed  
 Manner of injury jumped out of window before school  
 Nature of injury fractured 2nd & 3rd lumbar  
 24. Was disease or injury in any way related to occupation of deceased? No  
 (Signed) W. J. Cooney, M. D.  
795 (Address) Merada Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,  
District File Number 7-39-1127  
Date Filed 8-3-39

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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

*Mark Eichinger*

Licensed Embalmer No. 2656

P. O. Address

*Beada, M.*

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, above space should be left blank.