

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Leafe
(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Martha Ellen Williams

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female race W 5. Color or _____ 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Williams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 28 1892
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Shepherd, Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation Suburban wife

11. Industry or business _____

12. Name R. S. Bennett

18. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Mary Watson

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Burial (b) Date thereof 12-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Watts-burn, Shepherd, Mo

18. (a) Signature of funeral director Walter Chan

(b) Address Rolla, Mo

19. (a) 12/20/39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shepherd
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 20 day Dec 39
year 1939 hour 10 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Dec 19, 1939, to Dec 20, 1939, that I last saw him alive on Dec 20, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Myocarditis

Due to Acute Cholecystitis

Other conditions Chr. B. Disease
(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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Jefferson City, Mo Date signed 12/21/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
ST. LOUIS, MISSOURI

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..... *D. G. Muel*

Licensed Embalmer No..... *3394*

P. O. Address..... *Rolla 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43143

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213

(b) Township Primary Registration District No. 3014

(c) City Jefferson (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Ellen Williams

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>47</u>	<u>9</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR Rudolph Neel (ADDRESS) Rolla, Mo

20. FILED 11/20 1939 Hubert Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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 homicide? Date of injury 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. R. Aldridge, M. D.
(Address) Jefferson City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

