

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

10694  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cass Registration District No. 204  
 (b) Township Shoals Primary Registration District No. 3012 Registered No. 13  
 (c) City Cameron (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.  
245 Rebecca A McWilliams  
 2. PRINT FULL NAME  
 (a) Residence, No. West 4th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard McWilliams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20, 1942  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mlp.  
97 11 18  
 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) Greensburg Pa  
 FATHER 13. NAME Wm Brown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER 15. MAIDEN NAME Susan Steelsmith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) Mar Roy Snow  
Cameron, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo DATE Mar 11, 1946  
 19. FUNERAL DIRECTOR (ADDRESS) O D Moore  
Cameron, Mo  
 20. FILED mch 9<sup>th</sup> 1946 A. H. Risley  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to March 8, 1940  
 I last saw her alive on March 7, 1940. Death is said to have occurred on the date stated above, at 9:05 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Senility  
Chronic myocarditis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 92C  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Jones, M. D.  
Cameron, Mo.  
185 (Address)

I X 12004  
 WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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. 11,  
District File Number 440-523

Date Filed APR 12 1940

STATEMENT BY LICENSED EMBALMER

I, O. Moore, Licensed Embalmer No. 1180  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by O. Moore  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed O. Moore  
Licensed Embalmer No. 1180

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.)