

JUN 20 1940 334

Registration District No.

Primary Registration District No.

4197

Registrar's No.

39

## 1. PLACE OF DEATH:

- (a) County Harrison  
 (b) City or town Bethesda, Bethesda  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bethesda Hospital 1  
 (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 \_\_\_\_\_

(Specify whether

(If rural, give location)

3. (a) PRINT FULL NAME Minnie P Williams8. (b) If veteran,  
name war \_\_\_\_\_8. (c) Social Security  
No. ✓

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced m  
 6. (b) Name of husband or wife J. E. Williams  
 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased 9 22 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 7 18 hr. min.9. Birthplace Ringold Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name Herman N Stump  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Lee  
 15. Birthplace Iowa  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. E. Williams(b) Address Bethesda Mo17. (a) Englehardt Md (b) Date thereof 5/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Masonic Cemetery18. (a) Signature of funeral director M. Williams(b) Address Bethesda Mo19. (a) 5-13-40 (b) C. J. Weisling  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Harrison  
 (c) City or town Bethesda Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1940 hour 7:00 P minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from April 24  
\_\_\_\_\_, 1940 to May 20, 1940  
that I last saw her alive on May 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic Pneumonia Hb Duration 3 daysDue to Carcinoma of sigmoid gland  
Operation for same 2 weeksDue to Perforation of intestine aboveOther conditions Carcinoma  
(Include pregnancy within 3 months of death)Major findings: Carcinoma of intestine  
Of operations 9 places due to perforation  
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?  
307 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature C. N. Anderson (M. D. or other) !  
Address Bethesda Mo Date signed 5-13-40

RECEIVED  
District Health Office No. 117,  
District File Number 640-876  
Date Filed JUN 11 1940

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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..... *M. B. Lass* .....

Licensed Embalmer No..... *3899* .....

P. O. Address..... *Bethany 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.