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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6914

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 94

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

39
2
6

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Spring Field
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1103 W. Elm 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Greene
(c) City or town: Spring Field 39
(If outside city or town limits, write "RURAL")
(d) Street No.: 1103 West Elm 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 6 6 years.

3. (a) PRINT FULL NAME: Margarette Williams
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: (Unknown) ~~Deceased~~
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: 9 (Month) - 27 (Day) - 1865 (Year)
8. AGE: Years 75 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.
9. Birthplace: Wade Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: ____
11. Industry or business: Home
MOTHER FATHER
12. Name: Chas. W. Soter
13. Birthplace: Unknown (City, town, or county) Carolina 1 (State or foreign country)
14. Maiden name: Nancy Cox
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant: Oma M Clark
(b) Address: Halltown Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pennsboro
18. (a) Signature of funeral director: Morris-Lemon
(b) Address: Miller Mo
19. (a) 2-5-41 (Date received local registrar) (b) W. E. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1941 hour 7 1/2 minute P. M.
21. I hereby certify that I attended the deceased from Jan 2, 1941, to Feb 3, 1941; that I last saw her alive on Feb. 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Dementia	1 month
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: None

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

23. (a) Signature: O. M. Clark M.D. (M. D. or other) M
(b) Address: Halltown Mo. Date signed 2-3-1941

(Licensed Embalmer's Statement on Reverse Side)

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 G. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.)

X

If this body is not embalmed, fact should be so stated above.