

No. 2  
4-13-40  
5-17-39  
I X23159

FILLED APR 28 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11837

State File No. \_\_\_\_\_

Registration District No. 750

Primary Registration District No. 4451

Registrar's No. 1747

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

1. PLACE OF DEATH: **Ripley**  
(a) County Ripley  
(b) City or town Doniphan,  
(c) Name of hospital or institution: Williams Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Ann Williams.  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 4, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7. 13. 0 hr. min.

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Shad Williams,  
13. Birthplace Wayne Co., Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ada Bennett.  
15. Birthplace Wayne Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Shad Williams, (Father).  
(b) Address Doniphan, Mo. R-2/  
17. (a) Burial (b) Date thereof 4-18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taskee, Mo.  
18. (a) Signature of funeral director F.E. Jordan, 674  
(b) Address Doniphan, Mo.  
19. (a) 4-19-41 (b) E. B. Robertson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Ripley 91  
(c) City or town Jordan Twp. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Rural.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 17  
year 1941. hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 17, 1941, to April 17, 1941;  
that I last saw her alive on April 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia  
Whooping Cough.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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 J. Williams (M. D. or other) 0  
Address Doniphan, Mo Date signed 4-17-41

RECEIVED

District Health Officer No. 5,

District File Number 481588

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, fact should be so stated above.**