

No. 2
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FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17790

Registration District No. 217 Primary Registration District No. 4192 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Republic Missouri
(c) Name of hospital or institution: at home (Residence)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community all of her life (Specify whether years, months or days)

3. (a) PRINT FULLNAME Marry victoria -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 Widowed
6. (b) Name of husband or wife William G Williams 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased march 10 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 24 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business House Keeping

MOTHER FATHER
12. Name Ben Logan
13. Birthplace Dont know Iowa
(City, town, or county) (State or foreign country)
14. Maiden name RUTH BOYD
15. Birthplace Dont Know Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Carter
(b) Address 2305 N Main Springfield Mo.
Burial (b) Date thereof May 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director R. E. Thurman 209
(b) Address Republic Mo.
19. (a) May 6 (b) Mrs Bertha Niece
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Republic 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? Native 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from April 23
_____, 1941 to May 4, 1941;
that I last saw her alive on May 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis following cerebral Hemorrhage
Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: no operation
Of operations _____
Of autopsy _____
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) suicide
(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 E. L. Beal (M. D. or other) 0
Address Republic Mo Date signed May 4

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

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RECEIVED

Greene County Health Office,

County File Number 41-6-70

Date Filed 6-9-47

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.