

FILED MAY 20 1947

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

15192

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Smithton Primary Registration District No. 4401
 (c) City rural (d) Street No. 1 St. 3
 (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. 1

2. PRINT FULL NAME

Adeline Williams
 (a) Residence, No. Pettis Co 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josiah Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1877
 7. AGE YEARS 84 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.

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) State of Kentucky

13. NAME H. M. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

15. MAIDEN NAME D. M. Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

17. INFORMANT (ADDRESS) James Williams
Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Burial DATE 3-26-47

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. F. Nemeyer
Smithton Mo

20. FILED 4-10-47 19. Dr. Anna Berger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 19 47

22. I HEREBY CERTIFY, That I attended deceased from 2-10-47 19 47 to 3-14-47 19 47

I last saw him alive on 3-12-47 19 47. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of
Bladder

Other contributory causes of importance: 168

Name of operation Symptoms Date of Mo
 What test confirmed diagnosis? Was there an autopsy?

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 other condition related to occupation of deceased?
 If so, specify (Signed) A. F. Nemeyer M. D.
 (Address) Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-42.....

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. 3912

P. O. Address Smithton 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.