

V. S. No. 2
DM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17851
Registrar's No. 20

Registration District No. 2415 Primary Registration District No. 5340

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural Miller Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 59 yrs - 1 month 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas
(c) City or town Rural
(d) Street No. Celt Mo.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lula May Williams
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 9
year 1942 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from 1-1-1942 to 5-9-1942
that I last saw her alive on 4-9-1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Everett Williams 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased APRIL 1, 1883 (Month) (Day) (Year)

Immediate cause of death CA. Left Breast
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 59 Months 1 Days 8 If less than one day hr. min.

9. Birthplace DALLAS Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife

MOTHER FATHER
11. Industry or business
12. Name Wm Barnhart
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Francis Henderson
15. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Everett Williams
(b) Address Celt Mo.
17. (a) Burial (b) Date thereof 5-11-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation KIRKS CHAPEL
18. (a) Signature of funeral director L.B. Jones
(b) Address BUFFALO Mo.
19. (a) 5/11/1942 (b) Helen Davis (Date received local registrar) (Registrar's signature)

23. Signature R.E. Jarell (M. D. or other) M.D.
Address Buffalo, Mo. Date signed 5-14-42

1087 (Licensed Embalmer's Statement on Reverse Side)

MAY 26 1944

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 Blyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo, N.Y.

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.