

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37487

State File No. _____

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Linn
Brookfield

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution McLarney Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Viola Williams

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Williams

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 4 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 0 29 hr. min.

9. Birthplace Sullivan Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Myers

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Hicks

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. Lloyd C. Williams

(b) Address 1015 Admiral K.C. Ave.

17. (a) Burial (b) Date thereof 11/5/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co.
Linneus, Missouri

(b) Address _____

19. (a) 11-10-1942 (b) W.W. Cowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Linneus, (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10/30/42
_____, 19____, to 11/3, 19____

that I last saw her alive on Two 11/3
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to acute gall bladder inflammation

Due to 929

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations greatly enlarged - engorged gall bladder

Of autopsy _____

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 g

23. Signature D. S. Willis (M. D. or other) D.O.
Address Linneus, Mo. Date signed 11/4

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

56
2

58
0
0

0

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.....
Don H. Taylor

Licensed Embalmer No..... 3761

P. O. Address..... Linneus, 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, fact should be so stated above.