

S. No. 2
-9-4-41
5-17-39
PI X29484

41103

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1943

Registration District No. 783

Primary Registration District No. 3031

Registrar's No. 61

50
22
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(c) Name of hospital or institution: 812 Kennet, DeSoto /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 52 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 812 Kennet (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Gertie Williams

(b) If veteran, name war No (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married. divorced Widowed
6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jan. 4, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Richard Collier
13. Birthplace ? Va. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Coleman
15. Birthplace ? Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Maxine Williams (b) Address 812 Kennet St DeSoto Mo

17. (a) Burial (b) Date thereof Dec. 18, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (City)

18. (a) Signature of funeral director Lee Mothershead (b) Address DeSoto Mo

19. (a) 12-23-42 (b) Fern Spencer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 1st 1942 to Dec 16 1942 and that I last saw her alive on Dec 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Due to Chronic Interstitial Nephritis 8 yrs
Due to Diabetes Mellitus 10 yrs
Other conditions Acute general extremities

Duration
Physician
Underline the cause to which death should be charged statistically.

Major findings:

Of operations 61
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

23. Signature G.A. Elders (M. D. or other) M.D.
Address De Soto Mo Date signed 12/18/42

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

J. P. Matthews

Licensed Embalmer No.

3531

P. O. Address

2350 2nd

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.