

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 195

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

1. PLACE OF DEATH: **Wodaway**

(a) County: **Maryville**

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

(c) Name of hospital or institution: **St. Francis**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **65 years**
(Specify whether years, months or days)

In this community: **65 years**

3. (a) PRINT FULL NAME: **Belle Montanye Williams**

3. (b) If veteran, name war: **No**

3. (c) Social Security No: **No**

4. Sex: **female**

5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **widowed**

6. (b) Name of husband or wife: **Elias J. Williams**

6. (c) Age of husband or wife if alive: **Dec 7. 1859** years

7. Birth date of deceased: **Dec 7. 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83		24	
				hr. min.

9. Birthplace: **Bloomington Wis.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **housewife**

MOTHER FATHER

11. Industry or business: **unknown**

12. Name: **John Montanye**

13. Birthplace: **Wreno Fish**
(City, town, or county) (State or foreign country)

14. Maiden name: **unknown**

15. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Donald Williams**

(b) Address: **Alliance Nebr.**

17. (a) **burial** (b) Date thereof: **Jan. 4 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Maryville Mo.**

18. (a) Signature of funeral director: **Price Funeral Home**

(b) Address: **Maryville Mo.**

19. (a) **1-6-43** (b) **Mary Coile**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Wodaway**

(a) State: **Missouri** (b) County: **Wodaway**

(c) City or town: **Maryville**

(d) Street No.: **333 East 3rd**
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country: **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** 30
year **1942** hour **3** minute **a.m.**

21. I hereby certify that I attended the deceased from **Dec 2 1942** to **Dec 3 1942**
that I last saw her alive on **Dec 2 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Broncho-pneumonia**

Due to: **107**

Other conditions: **Diverticula**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **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): **✓**

(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: **Chas. P. Bell** (M. D. or other)

Date signed: **1/4/43**

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Maryville Mo

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 Clem M. Price
Licensed Embalmer No. 1822
P. O. Address Mayville, 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.