S. No. 2
-11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6029

State File No.

FILED MAR 11 1943

Registration District No. 53

Primary Registration District No. 5193

Registrar's No. 21

17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll

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

(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 (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Rural — Egypt
(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.

3. (a) PRINT FULL NAME Mary Elizabeth Williams

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fem.

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov (Month) 16 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	1	hr. min.

9. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Work

11. Industry or business at home

FATHER
12. Name William Maden
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Rhoda Jane Maden
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. Tom. Williams
(b) Address Hardin Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19-1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Providence

18. (a) Signature of funeral director John G. Dutch
(b) Address Norborne Mo

19. (a) 2-18-43 (Date received local registrar) (b) John G Dutch Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1943 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 1, 1943, to Feb. 17, 1943
that I last saw her alive on Feb. 17, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning	2 days
Due to: Hypertension Arterial Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. E. G. Kevan (M. D. or other) LABDD
Address Richmond, Mo Date signed Feb 18, 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-10-43

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 me, Registered Apprentice No. , working under my personal supervision.

Signed John G Deitch
Licensed Embalmer No. 3654
P. O. Address Northborough Mass

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.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6029

Registration District No. ..... Primary Registration District No. 5193 Registrar's No. .....

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary E Williams
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov 16 - 1860 (Month) (Day) (Year)
8. AGE: Years 82 Months 3 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace Mo (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name William Madeu
13. Birthplace ..... (City, town, or county) unk (State or foreign country)
14. Maiden name Rhoda J
15. Birthplace ..... (City, town, or county) unk (State or foreign country)
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1942 hour 10:30 minute pm M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic poisoning	
Due to Chronic Nephritis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (c) Means of injury .....
23. Signature Dr. E. G. Kerave (M. D. or other) ABDO
Address Mar. 27, '43 Date signed .....
Richmond, Mo.