

No. 2
-5-42
5-17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10358

State File No.

LED MAR 16 1943

Registration District No. 128

Primary Registration District No. 4220

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wheeler

(b) City or town Wheatland, Mo
(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 life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wheeler ⁴³

(c) City or town Wheatland, Mo ¹
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Clara Mary Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert Williams 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 22, 1901
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Wife

11. Industry or business

12. Name John F. Holland

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

14. Maiden name Hellie Goodman

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

16. (a) Informant Robert Williams

(b) Address Wheatland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43
(Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery

18. (a) Signature of funeral director J. L. Luter

(b) Address Wheatland, Mo

19. (a) Feb 10-43 (Date received local registrar) (b) Mary J. Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1943 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from Jan-18- 1943 to Feb-1- 1943; that I last saw her alive on Feb-1- 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach & Liver ^{1 yr}

Due to Hb

Due to Hb

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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 5

23. Signature A. S. Johnston (M. D. or other) 0

Address Wheatland, Mo Date signed 2-4-1943

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

MOTHER FATHER

1094

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1948

DEC 31 1948

RECEIVED

District Health Officer No. 71

District File Number 2-43-21

Date Filed 3-3-43

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

Signed *J.R. Luckey*

Licensed Embalmer No. 19982

P. O. Address Wheatland W.

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.