S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31428

State File No.

FILED OCT 13 1943

Registration District No. 65

Primary Registration District No. 4112

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Dalton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Part of Dalton 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 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Dalton Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ZELLA-JOSEPHENE-WILLIAMS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race Black 3

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

6. (b) Name of husband or wife Fredrick W. Williams

6. (c) Age of husband or ~~wife~~ if alive 23 years

7. Birth date of deceased Oct. (Month) 4 (Day) 1922 (Year)

8. AGE: Years 20 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Des Moines (City, town, or county) Ia. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas E. Jordan
13. Birthplace Dalton (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Odessa Prather
15. Birthplace Dalton (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Fredrick W. Williams
(b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18-1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Burial

18. (a) Signature of funeral director Hyde & Garrett
(b) Address Keytesville Mo.

19. (a) Sept 18 1943 (Date received local registrar) (b) R. L. Friess (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th
year 1943 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 1st 1943 to Sept. 13 1943
that I last saw her alive on Sept 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration: 2 yrs

13 P 1

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 Harry E. Tatum (M. D. ~~or other~~)
Address Brunswick Mo Date signed 9/16/43

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(Licensed Embalmer's Statement on Reverse Side)

District No.
District File No.
Date Filed 10-11-43

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.