

No. 2
-5-42
5-17-39
X3124

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34935**
142
Registrar's No.

FILED NOV 5 1943 10
Registration District No.

Primary Registration District No. **3002**

1. PLACE OF DEATH:
(a) County **AUDRAIN**
(b) City or town **MEXICO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 E JACKSON ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **73**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Audrain**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **509 E Jackson**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **GEORGIA J. WILLIAMS**
3. (b) If veteran, name war.....
3. (c) Social Security No. **491-12-9768**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **16**
year **1943** hour **8-30 P.M.** M.
21. I hereby certify that I attended the deceased from **10 - 10 - 1943** to **10 - 16 - 1943**
that I last saw her alive on **10 - 14 - 1943**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **W. W. Williams** alive..... years
7. Birth date of deceased **Aug 28, 1870**
(Month) (Day) (Year)

Immediate cause of death.....
Due to **Carcinoma of stomach 1 year or more**
Due to **(Coronary Thrombosis)**

8. AGE: Years **73** Months **1** Days **18** If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **H&F**
Of autopsy.....

9. Birthplace **Audrain Co MO** (City, town, or county) (State or foreign country)
10. Usual occupation **Manager Crown Laundry**
11. Industry or business.....
12. Name **Wm H. Turner**
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Kitty L. Little**
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **B Turner Williams**
(b) Address **Mexico Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct 18 43** (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood**
18. (a) Signature of funeral director **Chas Arnold Jr**
(b) Address **Mexico Mo**
19. (a) **10/17/43** (Date received local registrar) (b) **Margaret Mackie** (Registrar's signature)

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 **Paul E. Earl** (M. D. or other) Address **Mexico** Date signed **10-19-43**

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

MOTHER FATHER

FEB 3 1944

RECEIVED

District Health Officer No. 10

District File Number 11-43-1735

Date Filed NOV 3 1943

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 Ernest P. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.