S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3513

Registration District No. 198 Primary Registration District No. 4310 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Maur

(b) City or town Bevier
(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 Macon 61

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Addie Lamaude 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 Ordell Williams

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 9 (Month) - 25 (Day) - 1895 (Year)

8. AGE: Years 48 | Months 3 | Days 24 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name G. W. Kison
13. Birthplace Ethel (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Addie Hayden
15. Birthplace Ethel (City, town, or county) Mo (State or foreign country)

16. (a) Informant G. W. Kison
(b) Address Bevier Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) - 22 (Day) - 44 (Year)
(c) Place: burial or cremation New Cambria Mo

18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo

19. (a) 2-2-44 (Date received local registrar) (b) Winnie T Rowland (Registrar's signature)

1889

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19, year 1944 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Dec. 29, 1943 to Jan 17, 1944 that I last saw her alive on Jan. 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Liver — Duration 1 yr.

Due to Cancer of Gallbladder

Due to

Other conditions Panhistarectomy (6 mo ago.)
(Include pregnancy within 3 months of death)

Major findings: Of operations Cystic Ovaries - Pres tubes

Of autopsy 46 f

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 2

23. Signature Dr E L Weidlich (M. D. or other)

Address Bevier, Mo Date signed 1/20/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-44-354
Date Filed FEB 8 1944

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. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.