

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BUREAU OF THE CENSUS
FILED AUG 10 1944
252

State File No. _____
Registrar's No. 21

Registration District No. _____ Primary Registration District No. 5873

500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Rural Johnson Jaw
(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 _____ (Specify whether _____)
years, months or days 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Rural Johnson Jaw
(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 Rachael McWilliams
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16
year 1944 hour 12 minute 15 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. Wesley McWilliams
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 8 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30, 1944 to June 16, 1944
that I last saw him alive on June 9, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 2 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 10 days

9. Birthplace Oregon County 0 Missouri
(City, town, or county) (State or foreign country)

Due to Chronic Endocarditis 1 yr
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Domestic
11. Industry or business _____
12. Name Hicks Roy
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Anisa Carmack
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lehman Roy
(b) Address Alton, Mo.
17. (a) Burial (b) Date thereof 6/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lance Cem.
18. (a) Signature of funeral director None
(b) Address _____
19. (a) 1744 (b) Henry McWilliams
(Date received local registrar) (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 Alton Roy (M. D. or other) _____
Address Alton Mo. Date signed _____

1113

Hilton

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.....

Licensed Embalmer No.....

P. O. Address.....

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.