DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 74

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5295

State File No. 5399

Registrar's No. 33-1

X35697

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

1. PLACE OF DEATH

(a) County: Clinton

(b) City or town: Rural Concord Tw

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether

In this community: 78 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clinton

(c) City or town: Rural Concord Twp.

(If outside city or town limits, write "RURAL")

(d) Street No.: Farm R.R.

(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Miss Nannie McWilliams

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: no

6. (c) Age of husband or wife if alive: no years

7. Birth date of deceased: Jan (Month) 28 (Day) 1865 (Year)

8. AGE: Years 79 Months 11 Days 3 If less than one day hr. min.

9. Birthplace: Indiana (City, town, or county) I (State or foreign country)

10. Usual occupation: house keeper

11. Industry or business:

MOTHER FATHER

12. Name: Skylar N. McWilliams

13. Birthplace: Ky (City, town or county) I (State or foreign country)

14. Maiden name: Sallie Newland

15. Birthplace: Ky (City, town, or county) I (State or foreign country)

16. (a) Informant: Ike McWilliams

(b) Address: Plattsburg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation: family farm

18. (a) Signature of funeral director: Jas L. Martin

(b) Address: Plattsburg

19. (a) 1-6-45 (Date received local registrar) (b) Mrs A C Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1945 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 28, 1944, to Jan 1, 1945; that I last saw her alive on Jan 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	5 da
Due to: Influenza	5 da
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension	5 yrs

Major findings:
Of operations: none
Of autopsy: none

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: J. W. Bolding (M. D. or other) M.D.

Address: Plattsburg Mo Date signed 2-45

(Licensed Embalmer's Statement on Reverse Side)

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. L. Martin

Licensed Embalmer No. 4303

P. O. Address Plattsburg

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.