

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 325

Primary Registration District No. 4478

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Lancaster Mo
(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 Missouri (b) County Schuyler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elmwood, Mo
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miranda Adeline Williams

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Wb. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 10 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Appanoose Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business housewife

12. Name Unknown

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Sarah Bayles

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Gomer

(b) Address Elmwood, Mo

17. (a) Burial (b) Date thereof 4 24 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fabius Cemetery

18. (a) Signature of funeral director Charles E. Fenton

(b) Address Lancaster, Mo

19. (a) Apr 24 1945 (b) C.A. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1945 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mar 21 1945 to Mar 26 1945

that I last saw her alive on Mar 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to _____

Due to Old Age

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature R.E. Vaughn (M. D. or other) P.O.

Address Lancaster, Mo Date signed 4/23/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10800

RECEIVED

District Health Officer No. 10

District File Number 5-45-741

Date Filed MAY 4 1945

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

Purcell O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed

Purcell O. Fenton

Licensed Embalmer No. 3705

P. O. Address *Lancaster, Pa.*

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.