

**FILED** **JUL 17 1945**  
Registration District No. **3**

Primary Registration District No. **3006**

Registrar's No. **159**

10  
2  
4

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

**1. PLACE OF DEATH:**

(a) County Boone

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

(c) Name of hospital or institution: 1  
(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 Boone 10

(c) City or town Columbia 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 303 1/2 North 4  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**3. (a) PRINT FULL NAME** Charlotte Williams

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

4. Sex F. 3 5. Color or race black 6. (a) Single, widowed, married, divorced 7

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

7. Birth date of deceased Aug 15 1863  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>81</u>			hr. _____ min.

9. Birthplace Boone Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Henry Diggs

13. Birthplace Do Not Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Susie Henderson

15. Birthplace Do Not Know 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Freeman

(b) Address 303 1/2 North Ave

17. (a) Burial (b) Date thereof 6-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director A. G. Freeman

(b) Address 608 Park W. Columbia, Mo

19. (a) 6-6-45 (b) Edna H. Barber  
(Date received by Registrar) (Registrar's signature)

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(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6 day 4  
year 45 hour 2 minute 55 <sup>A</sup> M.

21. I hereby certify that I attended the deceased from 1942  
1942 to 6-4 1945  
that I last saw her alive on June 1 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Acute  
Acute Duration \_\_\_\_\_

Due to High Blood Pressure

Due to General Arteriosclerosis

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy PHO

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Stephen D. Quisenberry (M. D. or other) \_\_\_\_\_  
Address Calverton Date signed 6-6-45

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-16-45

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave. Columbia

**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, above space should be left blank.**