S. No. 2
M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24879

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 106

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

**1. PLACE OF DEATH:**

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 6 mos. 4 das. (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Butler 94

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

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

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

If yes, name country

3. (a) PRINT FULL NAME ELENORE MARGRET WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Husten Williams

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

7. Birth date of deceased February (Month) 20, (Day) 1872 (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Centerville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Isaac Fillmore
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Laura Key
15. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Broseley, Mo.

18. (a) Signature of funeral director Cottrel Funeral Home
(b) Address Poplar Bluff, Missouri

19. (a) 7/31/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25 year 1945 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, 19 to July 25, 1945, 19; that I last saw her alive on July 25, 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artemosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy.

Duration

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 [signature] (M. D. or other) MD

Address State Hosp No 4 Date signed 7-24-45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 84 S-964

Date Filed 8-9-45

## 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 C H Cozen

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.**