

FILED SEP 22 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 160

Primary Registration District No. 5030 5592

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Jackson Hwy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Festus Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Mary Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single (1)

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

7. Birth date of deceased April 27 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Ephraim Williams

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Bond

15. Birthplace England 1
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Williams

(b) Address Festus Mo. R. 3. Box #1

17. (a) Rural (b) Date thereof 8-19-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Presbyterian

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) August 20 1945 (b) Virginia Gulliam
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1945 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 16-17/45
Aug 17 1945 to Aug 17 1945
that I last saw him alive on Aug 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy no

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 House
(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 J. F. Dowdell (M.D. or other)
Address Crystat, Festus Date signed 8-18/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 9-21-45

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 [Signature]

Licensed Embalmer No. 3010

P. O. Address Jerusalem

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.