S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31177

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 237

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #2
(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) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 421 W. Johnson, St
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

80 6 4 0

3. (a) PRINT FULL NAME Drennon Nuel Williams

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 3 | 5. Color or race C | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addison Williams

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. (Month) 22 (Day) 1908 (Year)

8. AGE: Years 36 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Sedalia (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Charles Holmes

13. Birthplace Longwood, (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Maud Revis

15. Birthplace Jefferson City, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Maud Holmes

(b) Address 411 W. Clay, St. Sedalia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Annex

18. (a) Signature of funeral director J. Pryce Alexander

(b) Address 400 W. Cooper, St. Sedalia, Mo

19. (a) 9-12-'45 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 9 year 1945 hour three minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept 9 1945 to Sept 9 19..; that I last saw h[illegible] alive on Sept 9 - 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	
Due to: Chickenpox	
Due to:	
Other conditions: Placenta Previa (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. R. Middaugh (M. D. or other) M.D.
Address 116 W. Main Date signed 9-11-45

(Licensed Embalmer's Statement on Reverse Side)

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

10-10-41

JUL 17 1961

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..... Hugo Alexander

Licensed Embalmer No. 17745

P. O. Address Salalia 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.