

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31178**

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **231**

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:
513 W. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY J. WILLIAMS**

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

4. Sex **F** 5. Color or race **N.**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Ree Williams**
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased **2 2 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 27 hr. min.

9. Birthplace **Boonville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Self**

12. Name **James Redmon**

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

14. Maiden name **Julia Thines**

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

16. (a) Informant **Carroll Smith**

(b) Address **Sedalia Mo**

17. (a) **Burial** (b) Date thereof **9-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glennwood Cemetery**

18. (a) Signature of funeral director **D. Ferguson**

(b) Address **Sedalia Mo**

19. (a) **9-4-45** (b) **A. J. Campbell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No **513 W. Jefferson**
(If rural give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **28**
year **1945** hour **Ten** minute **58 P.M.**

21. I hereby certify that I attended the deceased from **June 3 - 1945** to **Aug 28 - 1945**
that I last saw her alive on **August 25 - 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Acute myocarditis
Chronic Interstitial Nephritis

Due to

Other conditions **Hepatitis**
(Include pregnancy within 3 months of death)

Major findings:

Of operations **3/1**

Of autopsy

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) (e) Means of injury

23. Signature **A. R. Maddox** (M. D. or other)

Address **116 1/2 W. Main** Date signed **Sept 4 1945**

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

10-10-45-

image 0.01 813

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

F. D. Ferguson

Licensed Embalmer No.

121-72

P. O. Address

Sedalia

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.