S. No. 2
1—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4236

State File No.

Registration District No. 322 Primary Registration District No. 10058 Registrar's No.

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural Miami Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Miami Rural
(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 Caroline Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 7 (Day) 1854 (Year)
8. AGE: Years 91 Months 7 Days 26 If less than one day hr. min.
9. Birthplace Miami (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Joseph Little
FATHER 13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Wallace
MOTHER 15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C. A. Hole
(b) Address Miami Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Miami Cemetery
18. (a) Signature of funeral director Campbell Funeral
(b) Address Marshall Mo
19. (a) Jan 15 '46 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1946 hour 10:15 AM minute M.
21. I hereby certify that I attended the deceased from 12-21, 1945 to 1-3, 1946 that I last saw him alive on 1-3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	13 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 B. H. Sullivan (M. D. or other) MD
Address Miami, Mo Date signed 1-3-1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-7-46

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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Mars Hill Me

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.