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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

15630

FILED JUN 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. ....

1. PLACE OF DEATH: Bates

(a) County Rich Hill, Missouri

(b) City or town Rich Hill, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mc Bee  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 Day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby Williams

3. (b) If veteran, name war  No.

3. (c) Social Security No.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 5-11-1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 hr. --- min.

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

10. Usual occupation none

11. Industry or business None

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Georgia Williams

15. Birthplace Rich Hill, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Icie Williams

(b) Address Park ave Rich Hill

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Rich Hill

18. (a) Signature of funeral director [Signature]

(b) Address Rich Hill Mo

19. (a) May 11 1946 (b) Mrs. Edna Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates 7

(c) City or town Rich Hill, Mo 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Park Avenue 0  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1946 hour 10:5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 11  
1946 to May 11 1946;

that I last saw her alive on May 11 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Potassium Oxide

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of 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 2

23. Signature Taylor R. Miba (M. D. or other) D.O.

Address Rich Hill Mo Date signed 5-11-46

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

RECEIVED

District Health Officer No. 7,

District No. 5-46-541

Date Filed 6-5-46

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STATEMENT BY LICENSED EMBALMER

**Infant was not embalmed.**

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.,**