No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24640

FILED AUG 13 1946

State File No.

Registration District No. 298   Primary Registration District No. 4427   Registrar's No. 70

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community ______ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Richland (If outside city or town limits, write "RURAL")
(d) Street No. ______ (If rural, give location)
(e) Citizen of foreign country? ______ (Yes or No) If yes, name country ______

3. (a) PRINT FULL NAME Josephine Ann 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 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ______ years
7. Birth date of deceased June 19 1946 (Month) (Day) (Year)
8. AGE: Years ___ Months ___ Days 5 If less than one day ___ hr. ___ min.
9. Birthplace Waynesville Missouri (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name James A. Williams
13. Birthplace Richland Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mable M. Staiegel
15. Birthplace Richland Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mr. James A. Williams
(b) Address Richland, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director R. B. Deppe
(b) Address Richland Mo.
19. (a) 8/12/46 (Date received local registrar) (b) Louise D. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1946 hour 11:00 minute 6 P.M.
21. I hereby certify that I attended the deceased from June 19, 1946, to June 23, 1946
that I last saw h___ alive on ______, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
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? (Specify type of place)
While at work? ______ Means of injury ______
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 21 June

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(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed

Signed R B Duper

Licensed Embalmer No. 3198

P. O. Address Richland.

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.