S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34404

Registration District No. 27 J

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Bowling Green 1 (If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3. (a) PRINT FULL NAME: Mettie Bell Williams
3. (b) If veteran, name war: X
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lafferi Williams
6. (c) Age of husband or wife if alive: 4 years
7. Birth date of deceased: July (Month) 24 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	10	hr. min.

9. Birthplace: Pike Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER
12. Name: Nathaniel Williams
13. Birthplace: Pike Co. (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Mildred Jane Young
15. Birthplace: Pike Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Mrs. Rice Moffat
(b) Address: Bowling Green Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 6 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Louisville Mo
18. (a) Signature of funeral director: Henry Banfield
(b) Address: Bowling Green Mo.
19. (a) 9/6/46 (Date received local registrar) (b) Prince Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1946 hour 10 minute 50 A.M.
21. I hereby certify that I attended the deceased from Aug 28, 1946, to Sept 4, 1946 that I last saw him alive on Sept 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration
Due to: Chronic Myocarditis
Due to: Pernicious Anemia
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: NO

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? Means of injury: 0
23. Signature: Chas. H. Cuellen (M. D.)
Address: Louisiana Mo Date signed: 9/6/46

374 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1911
Date Filed OCT 14 1946

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 Grace M. Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.