

S. No. 2  
DM-2-43  
v. 5-17-39  
P-I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41146**

FILED JAN 7 1947

Registration District No. **170**

Primary Registration District No. **5628**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon (Rural)  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Plato Star Route  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Marie 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 U

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 30 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lebanon Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Eloa Williams

13. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country) U

14. Maiden name Eloa Williams

15. Birthplace Laclede Co. Mo. (City, town, or county) (State or foreign country) U

16. (a) Informant Eloa Williams

(b) Address Lebanon Plato Star Route

17. (a) Burial (b) Date thereof 12-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride Cemetery

18. (a) Signature of funeral director No Funeral Director

(b) Address \_\_\_\_\_

19. (a) 12-27-46 (b) One Frankberger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1946 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Arteriosclerosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. Palmer \_\_\_\_\_

Address Lebanon Mo. Date signed 12/11/46

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

39953

152

Received ..... 1/3/46  
Laclede County Health Unit  
File No. 12-46-187  
Date Filed ..... 1/3/46

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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 *Dorsey M. Howe*  
Licensed Embalmer No. *4222*  
P. O. Address *Lebanon 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.**