

FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12984

Registration District No. 98

Primary Registration District No. 4165

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adams Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Karen Sue McWilliams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, ~~Married~~ Widow

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

7. Birth date of deceased March 1, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 18 hr. 50 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Forrest McWilliams 5

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

14. Maiden name: Evelyn Meek

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

16. (a) Informant Forrest McWilliams

(b) Address Maysville, Missouri

17. (a) Burial (b) Date thereof 3/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville, Missouri

18. (a) Signature of funeral director John Bean

(b) Address Maysville, Missouri

19. (a) 4-9-47 (b) Virginia M Engelhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin 1
(If outside city or town limits, write "RURAL") 6
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
Year 1947 hour 2 minute 50 a.m.

21. I hereby certify that I attended the deceased from March 1, 1947, to March 2, 1947

that I last saw her alive on March 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Patent Foramen Ovale
P. Blue Baby

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? _____

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

23. Signature Fred Kellison (M. D. or other) M.D.

Address Winston Date signed March 3

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

MOTHER FATHER

347

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *John S. Brown*

Licensed Embalmer No. *3933*

P. O. Address *Mapsville 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.

144