

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18346

FILED JUN 13 1947

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 301 W. Morgan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME WANDA L. WILLIAMS

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

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced Baby  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 30 47  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

MOTHER FATHER { 12. Name George Williams  
13. Birthplace Spain Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Bernabe Beck  
15. Birthplace Marshall Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant George Williams

(b) Address Sedalia Mo

17. (a) Burn (b) Date thereof 5-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belling Co Mo

18. (a) Signature of funeral director B. D. Morgan

(b) Address Sedalia Mo

19. (a) 5-24-47 (b) Betty Yeager  
(Date received local registrar) (Deputy Registrar's signature)

(Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 W. Morgan  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1947 hour \_\_\_\_\_ minute 8 A. M.  
21. I hereby certify that I attended the deceased from 5 —  
23 — 1947 to 5-23 — 1947  
that I last saw her alive on 5-21 — 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Cardiac disease  
Due to Heart

Other conditions Imperfect closure Skull  
(Include pregnancy within 3 months of death)  
Major findings: Linear  
Of operations \_\_\_\_\_

Of autopsy 30F  
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 A. R. Maddox (M. D. or other) M.D.  
Address Sedalia Mo Date signed 5-24-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-12-47

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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

*F. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address. *Sedalia*

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.