

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31901**
Registrar's No. **48**

Registration District No. **236**

Primary Registration District No. **5819**

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

1. PLACE OF DEATH:
 (a) County Morgan
 (b) City or town Gravois Mills *Osage Twp*
(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)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Morgan *71*
 (c) City or town Gravois Mills
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JUDY WILLIAMS
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 4 1941
(Month) (Day) (Year)

8. AGE: Years 6 Months 0 Days 26
 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name Clifford Williams *O*

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

14. Maiden name Ray Moore

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

16. (a) Informant Clifford Williams
 (b) Address Gravois Mills, Mo.

17. (a) Burial (b) Date thereof Oct. 2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director W. F. Kubel
 (b) Address Versailles, Mo.

19. (a) 10-5-47 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature) V.O.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th
 year 1947 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Birth
Sept 4 1941 to Sept 30 1947
 that I last saw her alive on Sept 30 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death acute edema of brain
Epilepsy -
 Due to _____

Other conditions Spastic paralysis
(Include pregnancy within 3 months of death)
 Due to _____

Major findings:
 Of operations _____
 Of autopsy gd

Duration 4 days
6 yrs
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. J. Gunn (M. Director)
 Address Versailles Mo Date signed 10/1/47

NOV 14 1947

RECEIVED
DISTRICT HEALTH CONTROL NO. 2,
9-47-1178
District No. Number
10-7-47
Date Filed

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 *Gene J. Sartorius*
Licensed Embalmer No. 4021
P. O. Address VERSAILLES, 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.