S. No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43904

Registration District No. 324 | Primary Registration District No. 3072 | Registrar's No. 252

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 512 E Washington (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 Mo (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 512 E Washington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Mary Margaret Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Female 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 9 (Day) 1869 (Year)

8. AGE: Years 78 | Months 2 | Days 10 | If less than one day — hr. min.

9. Birthplace Fleming Creek Saline Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House Keeping
FATHER
12. Name George Talton
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Talton
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John B Williams
(b) Address 407 So Redman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo
18. (a) Signature of funeral director Glenn Sons
(b) Address Marshall, Mo.
19. (a) 12-20-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 2051

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th 47 year 7 hour 10 minute 7 M.
21. I hereby certify that I attended the deceased from Dec. 13th 1947, to Dec. 19 1947; that I last saw her alive on Dec 19 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestional Obstruction	about 4 Days
Due to Possible Adhesion.	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none.	

22.B

PHYSICIAN
Underline the cause of 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? — (e) Means of injury —
23. Signature W H Madison (M. D. ~~or other~~)
Address Marshall, Mo. Date signed 12-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-48

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 George N Green,
Licensed Embalmer No. 4220,
P. O. Address Marshall, Missouri

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.