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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

428

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway County 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community All of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Mokane 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Vida A. Williamson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert P.

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 12 (Day) 1880 (Year)

8. AGE: Years 67 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Callaway Co (City, town, or county) Missouri (State or foreign country) 5

10. Usual occupation House keeper

11. Industry or business

FATHER
12. Name John R. Bradley 0
13. Birthplace Hams Prairie (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary E. Beeman
15. Birthplace Kirkspville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robert Williamson
(b) Address Mokane, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mokane

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) Jan 20 48 (Date received local registrar) (b) Josie Morsinkluff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 5
year 1948 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 2 21, 1948 to Jan. 17, 1948; that I last saw her alive on Jan. 16, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	4 days
Due to Suppurative bowel obstruction due to Meckel's diverticulitis	17days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

122 B

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature D. A. Squires (M. D. or other) D.O.
Address Fulton, Mo. Date signed 1/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 29 1948

JAN 30 1948

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 Theodore Skinner, Jr., Registered Apprentice No. 53 working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.