V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 707

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural Kennett Ind. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway accident 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 000
(c) City or town St Louis Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1118 S. 18th St. 3 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Beulah Howell Williams
3. (b) If veteran, name war —
3. (c) Social Security No. 494-28-5216

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 10 (Day) 1899 (Year)

8. AGE: Years 48 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation house wife
11. Industry or business
FATHER
12. Name David C Miller
13. Birthplace Marion (City, town, or county) Arkansas (State or foreign country) 1
MOTHER
14. Maiden name Matilda Birkmann
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant Matilda Cunningham
(b) Address 1118 S. 18th St. St Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Dexter, Mo.
18. (a) Signature of funeral director Robert E. Drum
(b) Address Bernie Mo.
19. (a) 1-30-1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd year 1948 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broken Neck	
Due to Auto accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident
(b) Date of occurrence Jan 22nd, 1948 35
(c) Where did injury occur? 4 Mi. N. KENNETT (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HIWAY 25 4 Mi. NORTH KENNETT (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Walter A. Hawkins Coroner (M. D. or other)
Address Kennett Mo Date signed 1-30-48

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

Coll. With other M. vehicle

RECEIVED
District Health Office No. 2,
District File Number 248-213
Date Filed 2-12-48

SEP 27 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed J. E. Schaeman

Licensed Embalmer No. 4086

P. O. Address Malden

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.