No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1848

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 3

69 / 0

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Winter St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 22 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City /
(If outside city or town limits, write "RURAL")
(d) Street No. West Winter St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Margaret Virginia Williams
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mose Williams 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 10 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	8	..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Henry Sommers
13. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Louseller Reynolds
15. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Loraine Lafton
(b) Address Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Judes Cemetery
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo
19. (a) 1-21-48 (Date received local registrar) (b) Alice Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1948 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Jan 18, 1948, to Jan 18, 1948 and that death occurred on the date and hour stated above. I last saw him alive on Jan 18, 1948

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) 3
While at work? (e) Means of injury

23. Signature Harold F. Ellis (M. D. or other) D.O.
Address Monroe City Date signed 1-21-48

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-197
Date Filed FEB -2 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 me

Registered Apprentice No.

working under my personal supervision.

Signed Lewis L Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.