

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 14 1948

Registration District No. 61

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4107

State File No. 11831

Registrar's No. 17

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Martha Chambers Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hours  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Lucy Jackson Williams  
(b) If veteran, name war no  
(c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Era David Williams (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased January 8 1883  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 13 If less than one day  
hr. min.

9. Birthplace Nodaway Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name N. A. J. Martin  
13. Birthplace do not know  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Williamson  
15. Birthplace do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant JD W Williams  
(b) Address Harwood, Mo.

17. (a) Burial (b) Date thereof 3/24/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lefler Cemetery

18. (a) Signature of funeral director Lewis & Son  
(b) Address Lebanon, Mo.

19. (a) 3-25-48 (b) JD Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Clear Creek Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21  
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from March 13 1948 to Mar 21 1948  
that I last saw her alive on Mar 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Cataract

Due to Severe cold

Due to Acute Chronic Bronchitis asthma

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy no

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) (c) Means of injury

23. Signature JD Williams (M. D. or other)  
Address Harwood, Mo. Date signed 3-22-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File No. 4-48-513

Date Filed 5-13-48

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.....

Licensed Embalmer No. 3084

P. O. Address..... Schell 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.