

No. 2
1-5-43
5-17-39
K36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

By *Bornham*
State File No. 18418

Registration District No. 336 Primary Registration District No. 6-12-14493 Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Jane Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan, 1st
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business _____

12. Name Louis rose

13. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Upton

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Charles E. Williams

(b) Address Teresita, Mo

17. (a) Burial (b) Date thereof 3/1 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deleware Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Mountain View, Mo

19. (a) 5-1-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29th
year 1948 hour 2 minute 35 a. m.

21. I hereby certify that I attended the deceased from Feb 20 1948 to Feb 21 1948;
that I last saw h. in alive on Feb 21 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Signature]

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Stanley Bannum (M. D. or other) D.O.
Address Mountain View Date signed 3-16-48

RECEIVED 5-17-48
District Health Officer No. 8,
District File Number 548327
Date Filed 5 25 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.....

.....
working under my personal supervision.

..... Registered Apprentice No.
Signed John F. Duncan

Licensed Embalmer No. 2576

P. O. Address Midwest 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.