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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 24 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27416**  
Registrar's No. **53**

Registration District No. **314**

Primary Registration District No. **6064**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Occola "Rural" Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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 11 days  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State California (b) County Los Angeles  
 (c) City or town Glendale 994  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6042<sup>nd</sup> M<sup>rs</sup> Kinley Ave., 4  
 (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? no (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Nada Ellen Williams  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug day 18, year 1948 hour 10 minute 9 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.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Galen V Williams 6. (c) Age of husband or wife if alive 37 years  
 7. Birth date of deceased Dec 20 1916  
 (Month) (Day) (Year)

Immediate cause of death Suicide Duration \_\_\_\_\_  
Jump Hanging  
By neck

**8. AGE:** Years 31 Months 7 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
 9. Birthplace Edwardsville Kansas (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business Own home  
 12. Name Alena Coffey  
 13. Birthplace Genry Co. Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Gay Runnels  
 15. Birthplace Edwardsville Kansas (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence 8-18-1948  
 (c) Where did injury occur near Occola Mo (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? near home (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury Broken neck

16. (a) Informant Galen V Williams  
 (b) Address Wesleydale Creek  
 17. (a) Funeral Rites (b) Date thereof 8-19-1948 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Compton Cemetery  
 18. (a) Signature of funeral director J.A. [unclear]  
 (b) Address Occola Mo  
 19. (a) 8-18-1948 (b) Ruth Seavers (Date received local registrar) (Registrar's signature)

23. Signature Jared B. [unclear] (M. D. or other) \_\_\_\_\_  
 Address Occola Mo Date signed 8/19/48

RECEIVED

District Health Officer No. 71

District File Number 748873

Date Filed 8-28-88

NOV 13 1948

AUG 23 1951

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.B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address *Opesela Md*

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.