

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16450

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>123 So. 23 rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Holmes</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 7 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Lafayette Lexington, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Frank Holmes</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Williams Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-16-4415</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ceicl Anderson</u>	ADDRESS <u>123 So. 2 3 St</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		18 IX
		DUE TO (c) _____		

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from Jan. —, 1949, to May 8 —, 1949, that I last saw the deceased alive on May 8 —, 1949, and that death occurred at 6 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben N. Bessler M.D.</u>	23b. ADDRESS <u>Lexington, Mo.</u>	23c. DATE SIGNED <u>5/8/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9 May 49</u>	REGISTRAR'S SIGNATURE <u>Thomas E. Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Green & Sons</u>	ADDRESS <u>Lexington Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-14-19

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Longwood

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.