

S. No. 2
M-542
5-17-39
I X3172

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14103

State File No. _____

FILED MAY 11 1943 77

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Colo
(b) City or town Jafferson City
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 9 Days

In this community _____ years, months or days

3. (a) PRINT FULL NAME Grace Glenn Williams

3. (b) If veteran, name war no 3. (c) Social Security No. 720

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased Sept 27 - 1942

8. AGE: Years Months Days If less than one day
6 18 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Williams

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

14. Maiden name Eula Hill (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Eula Williams

(b) Address California 720

17. (a) Burial (b) Date thereof 4-13-43 (c) Place: burial or cremation Burial California

18. (a) Signature of funeral director Bonnie Sereni (b) Address California 720

19. (a) 4-12-43 (b) Norma Richter (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
(c) City or town California Mo
(d) Street No. City
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 7 to April 12 1943 that I last saw him alive on April 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 6 Days

Due to Congenital Heart Defect

Due to 157e

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. H. Hauer (M. D. or other)

Address Jafferson City Mo Date signed 4/12/43

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

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.

Not Embalmed

Signed..... *Earl R. Boudin*

Licensed Embalmer No. *3126*

P. O. Address..... *California*

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.