

FILED NOV 7 1942

Registration District No. 224

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 51

34346

1. PLACE OF DEATH

(a) County Moniteau
(b) City or town Rural
(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 10 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elnor Evangelina Williams

3. (b) If veteran, name war 1
3. (c) Social Security No. 34

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hugh
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Mar 11 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 22
If less than one day hr. min.

9. Birthplace Osage Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Lee Cautley
13. Birthplace Marion Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Isenbarg
15. Birthplace Marion MO
(City, town, or county) (State or foreign country)

16. (a) Informant S. L. Cautley
(b) Address St. Louis MO
(c) Place: burial or cremation Burial
(d) Date thereof March 11 1942
(Month) (Day) (Year)

18. (a) Signature of funeral director Masonic Funeral Home
(b) Address California MO
(c) Date received local registrar 10-7-42
(d) Registrar's signature A. J. Hall

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 710
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1942 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from dead
when first seen 19 10
that I last saw him alive on 19 10
and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries
Due to auto accident - car
run off road - no other
Due to car involved,
Death was instantaneous

Other conditions 8
(Include pregnancy within 3 months of death)
Major findings: 1700
Of operations 1
Of autopsy 1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct 3, 1942
(c) Where did injury occur? Highway Moniteau MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury Car

23. Signature Nathan Latham (M. D. or other)
Address California, MO Date signed 10-5-42

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

1312

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.....

H E Friedmaner
2854

Licensed Embalmer No.....

P. O. Address.....

California 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.