Jan 4-8.2 1 38

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18042
Do not use this space.

1. PLACE OF DEATH
(a) County Clay — Registration District No. 198
(b) Township Washington — Primary Registration District No. 20 III 5219 — Registered No. 68
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Frances Williams 452
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John A. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1844

7. AGE: Years 93 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo 0

FATHER
13. NAME Henry Nichols 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 9

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) W T Williams Excelsior Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem DATE May 5 1938

19. FUNERAL DIRECTOR (ADDRESS) Claude Prichard Excelsior Springs Mo

20. FILED May 9 1938 Lorena McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 - 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1938 to May 4, 1938
I last saw her alive on May 1 1938 Death is said to have occurred on the date stated above, at 8 20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	1937
No	

Other contributory causes of importance: General Debility

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) John T. Graal M. D.
(Address) Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)