

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1927 S. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 50 years
years, months or days

3. (a) PRINT FULL NAME MAGGIE WILLIAMS

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased May 6 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation at home 0

11. Industry or business 9

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. G. Har. Whisler

(b) Address 1927 S. Main - Carthage

17. (a) Burial (b) Date thereof Nov. 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Robert M. ...

(b) Address Carthage, Mo.

19. (a) Nov. 20, 1940 (b) E. G. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 1927 S. Main
0
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1940 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 4 1940 to Nov. 18 1940
that I last saw her alive on Nov. 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Degenerative. 592

Due to _____

Due to _____ 93C

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations none

Of autopsy none

Duration

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) no

(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?
8657
While at work (Specify type of place) (e) Means of injury

23. Signature George H. Wood (M. D. or other) _____

Address Carthage Mo Date signed 11/20/40

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

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 *Ernest L. [Signature]*

Licensed Embalmer No. 391

P. O. Address Portage

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

If this body is not embalmed, above space should be left blank.