

2
3-40
-39
K23159

Registration District No. **625** Primary Registration District No. **3827**

1. PLACE OF DEATH
(a) County **Nodaway**
(b) City or town **Maryville, Rural**
(c) Name of hospital or institution: **7 1/2 S.W. Maryville**
(d) Length of stay: In hospital or institution **since 1881**
In this community **since 1881**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Nodaway**
(c) City or town **Maryville Rural**
Street No. **7 1/2 mi. S.W.**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Laura Belle Williams**
3. (b) If veteran, name war. 3. (c) Social Security No. **no**
4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Marcellus C. Williams** 6. (c) Age of husband or wife if alive **1863** years
7. Birth date of deceased **Nov. 13**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **10** year **1940** hour **10** minute **30P** M.
21. I hereby certify that I attended the deceased from **May 1938** to **Nov 10**, 19**40**; that I last saw her alive on **Nov 9**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Chr Myocarditis**
Chr Hepatitis
Due to
Other conditions **Senility**
(Include pregnancy within 3 months of death)

8. AGE: Years **76** Months **11** Days **27** If less than one day
9. Birthplace **Zanesville, Ohio**
10. Usual occupation **housewife**
11. Industry or business
12. Name **John Wm. Anders**
13. Birthplace **Ohio**
14. Maiden name **Mary Jane Barringer**
15. Birthplace **Ohio**

Major findings: Of operations **no**
Of autopsy **no**
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant **Bert Williams**
(b) Address **Maryville, Mo.**
17. (a) **burial** (b) Date thereof **11-13-40**
(c) Place: burial or cremation **Miriam Cem.**
18. (a) Signature of funeral director **Pricc Funeral Home**
(b) Address **Maryville, Mo.**
19. (a) **11-13-40** (b) **Mame E. Clardy**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
556
While at work? (Specify type of place) (e) Means of injury
23. Signature **J. M. Boyles** (M. D. or other)
Address **Maryville Mo** Date signed **11-13-40**

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

FILED DEC 14 1940

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.....

Clem M Price

Licensed Embalmer No..... *1822*

P. O. Address..... *Maryville*

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

If this body is not embalmed, fact should be so stated above.