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13-40
17-39
X2318

JAN 20 1941 477
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: Lewis County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether)

In this community entire life years, months or days 3

3. (a) PRINT FULL NAME KATIE 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 31 years (Day) (Year)

7. Birth date of deceased July 31 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Bunker Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Robert Williams

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

14. Maiden name unknown

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

16. (a) Informant Friend of Fannie Williams

(b) Address _____

17. (a) Burial (b) Date thereof Dec. 16 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello, Mo.

18. (a) Signature of funeral director Earl H. Barkley

(b) Address Canton, Mo.

19. (a) 12-25-40 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1940 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 18 1940, to Dec 15 1940; that I last saw her alive on Dec 13 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High Blood Pressure.

Due to _____

Other conditions 4 2 1
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

Dec 13

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? 0 1 1

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Larry L. W. Grady (M.D. or other) D.O.
Address Lunenburg Mo Date signed Dec 19

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-193

Date Filed JAN 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.