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7-39
K23159

FILED AUG 15 1941
Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 573

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community _____
years, months or days) 0

3. (a) PRINT FULL NAME Williams, Shirley Ann

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Inf.

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 17 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Inf.

11. Industry or business _____

12. Name Williams, Noel
13. Birthplace Wichita, Mo (City, town, or county) (State or foreign country)

14. Maiden name Vote, Du
15. Birthplace Exdora, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Williams, Noel
(b) Address Morrisville, Mo

17. (a) Removal (b) Date thereof July 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Polkville, Mo

18. (a) Signature of funeral director W. E. Haudley (Specify type of place) while at work
(b) Address Polkville, Mo (c) Means of injury

19. (a) 7-12-41 (b) W. E. Haudley (c) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk
(c) City or town Morrisville 084
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
year 41 hour 5 minute 10 AM

21. I hereby certify that I attended the deceased from 6-25-41
_____, 19____, to 7-13- 1941;
that I last saw h. W alive on 7-12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis Duration 1 mo +

Due to _____
Due to _____

Other conditions Bronchopneumonia 1 mo
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?

23. Signature W. E. Haudley (M. D. or other) _____
Address Springfield, Mo Date signed 7-13-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X