

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28557
Registrar's No. 122

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (R.T.)
(c) Name of hospital or institution: 1
910 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 75 Years

2. USUAL RESIDENCE OF DECEASED: 049
(a) State Missouri (b) County Jasper 1
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 910 S. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Emma Williams
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31
year 1941 hour 90 minute a. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive 29 years (Day) (Year)
7. Birth date of deceased July 29 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 26, 1941, to Aug 31, 1941;
that I last saw her alive on Aug 31, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 1 2 hr. min.

Immediate cause of death Cerebral Hemorrhage
3 days
Duration

9. Birthplace Wooster Ohio
(City, town, or county) (State or foreign country)

Due to Cardio-renal disease years
General arterio sclerosis
Due to hypertension

10. Usual occupation At Home
11. Industry or business None

Other conditions none
(include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Mm. Lilly
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Ann Cowan
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations none 12/10
Of autopsy none 10
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J.F. Lilly
(b) Address Ft. Worth Texas

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence

17. (a) Cremation (b) Date thereof Sept., 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.

(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?

18. (a) Signature of funeral director Knell Mortuary Carthage Mo.
(b) Address

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

19. (a) Aug 31, 1941 (b) E. J. M. Intine, M.D.
(Date received local Registrar) (Registrar's signature)

23. Signature Herman A. LaForce (M. D. or other) 0
Address 607 Main Joplin Mo. Date signed 9-1-41

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.....

Lucy Luce-Buckner

Licensed Embalmer No.....

2510

P. O. Address.....

Centage, N.C.

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.