

FILED Mar 13 1942
Registration District No.

Primary Registration District No. 3003

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
104 Walnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 104 Walnut St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1942 hour 9 PM minute M.

21. I hereby certify that I attended the deceased from Jan 26, 1942 to Feb 1, 1942
that I last saw her alive on Feb 1st, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 830

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?

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

23. Signature [Signature] (M. D. or other) [Signature]
Address 246 1/2 St. W Date signed Feb 12

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Flora Penita Cress Williams

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

4. Sex Female / Color or race W
5. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Joseph Williams 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 1 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Pulaski County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Thompson 9

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Gentry

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dora Cress

(b) Address 1020 E. 5th St., Tulsa, Okla

17. (a) Burial (b) Date thereof Feb. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Signature]

19. (a) 2-3-1942 (b) Dr. H. Harman Jr.
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6,

District File Number 342-297

Date Filed MAR 10 1942

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.....

J. W. Buchanan
working under my personal supervision.

....., Registered Apprentice No.

Signed *J. W. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett 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.