

FILED MAY 5 1942

Registration District No. 21982

Primary Registration District No. 3015

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 70 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 801 Pendleton Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Alice E. Williams.

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. W. Williams. 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Oct. 15th. 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Johnson County Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

12. Name James Powell

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

14. Maiden name Lucy Hawkins.

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

16. (a) Informant Mrs. J. A. Tackett.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof April 22nd / 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Charles Walker

(b) Address Boonville, Mo.

19. (a) Apr 22-42 (b) Dr. Chas. Srag
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 3 minute 15 p.M.

21. I hereby certify that I attended the deceased from January 1928 to April 20, 1942
to _____ 19____
that I last saw him alive on April 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Duration 15 yrs

Due to _____

Due to _____

Other conditions Chronic arthritis 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no H&E
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) no

(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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature A. B. Carter (M.D. or other) M.D.
Address Boonville, Mo. Date signed 4-21-42

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

7
1
2

1038

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-4-42

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. 1178

P. O. Address Boonville, 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.