S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20488

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2655

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Raw K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 6 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 21
(c) City or town Brunswick 10
(If outside city or town limits, write "RURAL")
(d) Street No. ------
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Mary Ann 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 Widowed
6. (b) Name of husband or wife John Williams
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased December (Month) 3 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
~~82~~ 81	7	7	hr. min.

9. Birthplace Brunswick (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name John Knox
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Jane Anderson
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Bessie Joseph
(b) Address 4137 Forest
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick, Missouri
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.
19. (a) 7/11/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th. year 1942 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from July 7, 1942 to July 10 19 42 and that death occurred on the date and hour stated above.
that I last saw her alive on July 10 19 42

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis with hypertension	5 yrs

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature A. B. Boyer MD (M. D. or other)
Address 1009 E. 47 K.C. Mo. Date signed July 11, 1942

361 (Licensed Embalmer's Statement on Reverse Side)

Dr. Roy Boyer
10:30 A.M.

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 Pearl C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.