

FILED AUG 10 1942
Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. _____

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

1. PLACE OF DEATH: **Grundy**
 (a) County **Grundy**
 (b) City or town **Clinton mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Callers Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **over a week**
 (Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Cassidy**
 (c) City or town **Humphrys mo** **10500**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Catherine Dorrene Williams**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **20**
 year **1942** hour **10** minute **0** A. M.
 21. I hereby certify that I attended the deceased from **July 1**, 19**42** to **July 20**, 19**42**
 that I last saw her alive on **July 20**, 19**42**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Wht**
 6. (a) Single, widowed, married, divorced **m**
 6. (b) Name of husband or wife **Lester Williams** 6. (c) Age of husband or wife if alive **28** years
 7. Birth date of deceased **Sept. 25-1919**
 (Month) (Day) (Year)

Immediate cause of death **Encephalitis**
 Due to **Smoked** **7 min**
 Duration **20**
 Minutes

8. AGE: Years **24** Months **9** Days **25**
 If less than one day hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **job**

9. Birthplace **Humphrys mo**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
 12. Name **Earnest Moberly**
 13. Birthplace **Humphrys mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Hugh Crawford**
 15. Birthplace **Humphrys mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lester Williams**
 (b) Address **Drowning mo Rural**
 17. (a) **Burial** (b) Date thereof **July 22 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Humphrys mo con**

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? _____

18. (a) Signature of funeral director **W. Williams**
 (b) Address **Galt mo**
 19. (a) **7-22-42** (b) **Nada Hoffman**
 (Date received local registrar) (Registrar's signature)

While at work? **no** (Specify type of place) (c) Means of injury _____
 23. Signature **Nada Hoffman** (M. D. _____) Address **Clinton mo** Date signed **7/20/42**

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.....

PIC Payne Jr

Licensed Embalmer No.....

3400

P. O. Address.....

Galt

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.