

PI X32875

FILED MAY 6 1943

Registration District No. **1437**

Primary Registration District No. **3040**

Registrar's No. **46**

59
1
2

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

1. PLACE OF DEATH:

(a) County **Livingston**
(b) City or town **Chillicothe**
(c) Name of hospital or institution:
235 Herriman Street
(d) Length of stay: In hospital or institution **48 years**
In this community **Life Time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**
(c) City or town **Chillicothe**
(d) Street No. **235 Herriman Street**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Hazel Evah Williams**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Robert O. Williams** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **June 14th 1894**

8. AGE: Years **48** Months **10** Days **7** If less than one day hr. min.

9. Birthplace **Dawn Missouri**

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William Goldsworthy**
13. Birthplace **Unknown**
14. Maiden name **Anna Johnson**
15. Birthplace **Unknown**

16. (a) Informant **Robert O. Williams**

(b) Address **Chillicothe, Missouri.**

17. (a) **Burial** (b) Date thereof **4-23-'43**

(c) Place: burial or cremation **Edgewood Cemetery**

18. (a) Signature of funeral director **F. B. Norman Co.**

(b) Address **Chillicothe, Missouri.**

19. (a) **April 27-1943** (b) **Lou Ella Cozzy**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21st.** year **1943** hour **4:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 3** 19**43** to **April 21** 19**43** that I last saw her alive on **April 20** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart decompensation**
Due to **Chronic Myocarditis?**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **R. A. Brennan** (M. D. _____)
Address **Chillicothe, Mo** Date signed **4/27/43**

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

E. R. Norman

Registered Apprentice No.

working under my personal supervision.

Signed

E. R. Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.