

FILED JUN 10 1943

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Caplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Caplar Bluff Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Wappapello
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JANNIE ELIZABETH 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 1 1965
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 23 If less than one day hr. _____ min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business RETAILER GENERAL MERCHANDISE

MOTHER FATHER { 12. Name WILLIAM SALERS
13. Birthplace unknown
14. Maiden name ROSEMARY ADKINS
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant W.M. DOOLIN

(b) Address 2039 Fifth St. Madison

17. (a) Burial (b) Date thereof 2-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilfong Cemetery

18. (a) Signature of funeral director Walter F. ...

(b) Address ...

19. (a) 5-26-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 1:15 minute a - M.

21. I hereby certify that I attended the deceased from May 23, 1943, to May 24, 1943
that I last saw her alive on May 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arteriosclerosis

Due to 8301
Other conditions 8301
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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?

23. (a) Signature Wm. Humphreys (M. D. or other)
Address Caplar Bluff, Mo. Date signed _____
(Specify type of place) (e) Means of injury D

Duration
Underline the cause to which death should be charged statistically.

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

2
7
3

RECEIVED

District Health Office No. 2,

District File Number

643-787

Date Filed

6-9-43

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

Hunter Albright

Licensed Embalmer No.....

4210

P. O. Address.....

Sixston M

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.