

X23159

FILED NOV 24 1943
Registration District No. 378 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2225 N. Campbell None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 2225 N. Campbell (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Mae V. Williams

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

4. Sex F.M. 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. M. Williams 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 3 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph A. Morton

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

14. Maiden name Minta Graves

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

16. (a) Informant Mrs. Juanita Sisemore

(b) Address 2123 N. Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant, Burial

18. (a) Signature of funeral director Dunn Funeral Home,
(b) Address Springfield, Mo.

19. (a) 11-12-43 (Date received local registrar) (b) W. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th.
year 1943 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 10-10, 1941, to 11 9, 1943;
that I last saw her alive on 8 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 4 hrs.
7 or 8 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature E. S. Handley (M. D. or other) _____

Address Springfield, Mo. Date signed 11-10-43

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

MOTHER FATHER

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

Harold L. McCracken

Licensed Embalmer No... *2891*

P. O. Address.....

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.

X