

FILED JAN 3 1944
317

Primary Registration District No. 3069

Registrar's No. 2917

1. PLACE OF DEATH:

(a) County St. Louis Coutny

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia S. Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Reuben H. Williams

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 11 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	13	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William D. Edwards

{ 13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown Cline

{ 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Reuben H. Williams

(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof 12-26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4535 Washington Blvd.

19. DEC 27 1943 (b) C. S. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1943 hour 12:50 minute P M.

21. I hereby certify that I attended the deceased from 12-15 1943, to 12-24 1943
that I last saw h. ER alive on 12-24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Stroke of Brain

Due to _____

Due to _____

Other conditions Subarachnoid clot
(Include pregnancy within 3 months of death)

Major findings: Same

Of operations _____

Of autopsy Same

Duration _____

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 if not place)
Means of injury _____

Signature D. M. McQuinn (M. D. or other) _____
Address 495 S. Maryland Date signed _____

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

FEB 20 1947

MAR 22 1947

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..... *G. W. Wilkin*

Licensed Embalmer No..... *3575*

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.