

FILED FEB 27 1944 318

1003

Registrar's No. 486

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Pacific
(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:

Gussie May Williams

3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Henry Williams
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased Sept. 1 - 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 15
If less than one day hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Robt. Ferrell

13. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lizabeth Dace

15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Ferguson
 (b) Address Paup. Mo.

17. (a) BURIAL (b) Date thereof 1 - 19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. L. Dierkes
 (b) Address Pacific, Mo.

19. (a) JAN 17 1944 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 16
 year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 15
1944 19____ to _____ 19____
 that I last saw ed alive on Jan 16 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
Arteriosclerosis
 Due to Cerebral hemorrhage
Interstitial nephritis
 Due to Diabetes mellitus

Duration
<u>11/6/44</u>
<u>11/15/44</u>
<u>11/10/44</u>
<u>1 yr</u>
<u>5 yrs</u>

Other conditions _____
(Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature J. F. Budek (M. D. or other) MD
 Address 4958 Maryland Date signed 1/17/44

JULY 28 1944

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 *Joe L. Shieber*

Licensed Embalmer No. *3008*

P. O. Address *Pacific M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.