

FILED FEB 9 1944

Registration District No. 177

Primary Registration District No. 3008

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Callaway County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 72W. 38d. St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Oliver Mae Williams

3. (b) If veteran, name war none 3. (c) Social Security No. 496-12-5967

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife J. T. Williams 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Oct 29, 1912  
(Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name J. T. Marquette

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

14. Maiden name Unknown

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

16. (a) Informant J. T. Williams

(b) Address Kennett Mo.

17. (a) Removal (b) Date thereof Jan 19 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo.

18. (a) Signature of funeral director Earl T. Pugh

(b) Address Miss. Mo.

19. (a) 1-19-1944 (b) Joseph Monisthoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1944 hour 10:15 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 8 1944 to Jan 19 1944  
that I last saw her alive on Jan 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Cardiac Dilatation Duration 2 das

Due to Paralytic Plegia 10 das

Fracture both femurs 10 das

Due to Contusion of Brain 10 das

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none 1706

Of autopsy none 22

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 014

(b) Date of occurrence Jan 19 1944

(c) Where did injury occur Highway to Callaway, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway

While at work? no (Specify type of place) (b) Means of injury Auto

23. Signature John J. Brown (M. D. or other)

Address Kennett Mo. Date signed 1-19-44

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**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 Earl E. Pauls

Licensed Embalmer No. 3189

P. O. Address. Mexico, Mo.

**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.**