

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

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 94

1. PLACE OF DEATH: Callaway
 (a) County Fulton
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 315 N. W. 8th
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRIN. FULL NAME Ms. Eliza Williams
 (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 4
 year 44 hour 8 minute - M.
 21. I hereby certify that I attended the deceased from Jan -
1944 to March - 4, 1944
 that I last saw her alive on March - 4, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Mar or rate Widow
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife Edward
 6. (c) Age of husband or wife if alive > years
 7. Birth date of deceased: 1868
 (Month) (Day) (Year)

Immediate cause of death: Myocarditis, chronic
bronchitis
 Duration _____

8. AGE: Years 80 Months - Days -
 If less than one day hr. min.

Due to Myocarditis
bronchitis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Missouri (State or foreign country)
 10. Usual occupation Retired Landlady
 11. Industry or business _____
 12. Name Saul Cason
 13. Birthplace Mo (City, town, or county) (State or foreign country)
 14. Maiden name AK
 15. Birthplace Mo (City, town, or county) (State or foreign country)

PHYSICIAN 938
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ms. Sarah Phoad
 (b) Address 315 N. W. 8th
 17. (a) Burial (b) Date thereof Mar 8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation Fulton Mo
 18. (a) Signature of funeral director E. H. Bell
 (b) Address Fulton Mo
 19. (a) 3-8-44 (b) Jesse Moserhoff
 (Date received local registrar) (Registrar's signature)

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 Dr. Richardson (M. D. or other) _____
 Address Fulton Mo Date signed 3/4/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-10-44

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.....

Licensed Embalmer No. 2130

P. O. Address..... Fulton

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.