

S. No. 2  
M-5-43  
y. 5-17-39  
P I X36671

FILED MAR 24 1944

Registration District No. 4294

Primary Registration District No. 4294

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Silex, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ###  
(If not in hospital or institution, write street number, or location)

(d) Length of stay: In hospital or institution ##  
(Specify whether years, months or days)

In this community 50 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincola 57

(c) City or town Silex  
(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 Fannie E. Williams

3. (b) If veteran, name war ##

3. (c) Social Security No. ##

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Husband

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 20 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>26</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ##

12. Name Henry F. Lyons 1

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

14. Maiden name Mary H. Ellis  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ralph E. Williams

(b) Address Silex, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City, Mo.

18. (a) Signature of funeral director W. R. Damm

(b) Address Silex, Mo.

19. (a) Mar 8 1944 (b) G. B. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 16, year 1944 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from February 8, 1944 to February 16, 1944; that I last saw her alive on February 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Asterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93A

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. B. Hoeger (M. D. or other) M.D.

Address W. Hiteford, Mo. Date signed 2/16-44

1193

De. W.

MAY 9 1944

MAY 24 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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W.P. Hammond

Licensed Embalmer No. 2251

P. O. Address Sibley 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.**