

FILED JAN 5 1946

Registration District No. 235

Primary Registration District No. 5813

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Montgomery Co. Mo  
(b) City or town London Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 1/2 years (Specify whether

In this community 9 1/2 years  
years, months or days)

3. (a) PRINT FULL NAME Annie Williams

3. (b) If veteran, name war L 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Oct 11 1883  
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 11 If less than one day hr. 0 min. 0

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

10. Usual occupation at home

11. Industry or business same

12. Name Mrs Martin

13. Birthplace England 4 (City, town, or county) (State or foreign country)

14. Maiden name Carlton Wash 4 (City, town, or county) (State or foreign country)

15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Williams

(b) Address Hellsville Mo

17. (a) Rural (b) Date thereof 12/24/45 (Month) (Day) (Year)

(c) Place: Rural (Specify type of place)

18. (a) Signature of funeral director W B Wells

(b) Address Hellsville Mo

19. (a) 12-26-45 (b) Thos. Merritt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
(c) City or town Rural (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 22 year 1945 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 30 1945 to Dec 22 1945 that I last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to Senescence

Due to hypertension, 2:00 pm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

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 William Wells (M. D. or other) DO

Address Hellsville Date signed 12/24/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-3-46

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 Self

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

Signed SB Miller

Licensed Embalmer No. 1588

P. O. Address Staleyville 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.