

No. 2
—8-43
5-17-39
X37823

FILED APR 10 1946

Registration District No. 1166 Primary Registration District No. 4254

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Knob Noster Mo
(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 Mo (b) County Johnson
(c) City or town Knob Noster
(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

Mary Jane Williams

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

4. female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb-19-1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 1 11 hr. min.

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

10. Usual occupation Retired Farmers wife

11. Industry or business _____

12. Name unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr Frank Williams

(b) Address Windsor Mo Rural

17. (a) Burial (b) Date thereof Apr 7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem F. N. Mo.

18. (a) Signature of funeral director C. S. Saults

(b) Address Knob Noster Mo

19. (a) Apr 1, 1946 (b) Erma L. Saults
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30
year 1946 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from Mar 1, 1946 to Mar 30, 1946
that I last saw her alive on Mar 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 93d

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 H. Williams (M. D. or other) Med

Address Knob Noster Mo Date signed Apr 1-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8830

79

149

MAY 6 1946

MAY 6 1946

W. H. ...

9 1946

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.....

C. L. Saults

....., Registered Apprentice, No.....

working under my personal supervision.

Signed.....

C. L. Saults

Licensed Embalmer No. *1086*

P. O. Address *Knob Noster Md*

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.