

FILED JUN 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 164

I. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Staten Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limit, write "RURAL")
(d) Street No. Rural Route # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1946 hour 10 minute 12 A.M.
21. I hereby certify that I attended the deceased from June 10
1946 to June 14, 1946
that I last saw her alive on June 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Burn
Due to Boiling water
Due to _____

Duration 3p da.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 1st
Of autopsy 10/1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 10 1946
(c) Where did injury occur? Water imp. bath
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? _____ (Specify type of place) Water
(e) Years of injury water
23. Signature W. H. Hatten (M. D. or other) MD
Address Carrollton, Mo Date signed June 15 1946

3. (a) PRINT FULL NAME Rebecca Jean Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14 1944
(Month) (Day) (Year)

8. AGE: Years 2 Months 5 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Breckinridge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Hermit John Williams
13. Birthplace Strawberry point Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Glady's Marie Murray
15. Birthplace Carrollton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hermit John Williams

(b) Address Carrollton, Missouri

17. (a) Burial (b) Date thereof 6-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trotter

18. (a) Signature of funeral director E. A. Decker

(b) Address 6 Bogard 190

19. (a) 6/15/46 (b) Wm Herbert Casner
(Data received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-20-46

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

E. A. DeKermon

Licensed Embalmer No. 2534

P. O. Address Bogard M

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, above space should be left blank.