

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI

32569

FILED OCT 17 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1

Primary Registration District No. 5003

Registrar's No. 378

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Rural-- Morrow Twp.
(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 _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Morrow Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Armintha Emma Williams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wallace Williams

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

7. Birth date of deceased Oct 5 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 20

If less than one day
hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business Home

MOTHER FATHER

12. Name James Broyles

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Workman

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Williams

(b) Address Norwinger MO

17. (a) Burial (b) Date there Sept. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem.

18. (a) Signature of funeral director Blain E. Huntson

(b) Address Green City, Missouri

19. (a) 9-30-46 (b) I. Tate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 25 day _____
year 1946 hour 9 am minute _____ M.

21. I hereby certify that I attended the deceased from Sept 23 '46
_____ 19____ to Sept 25 1946
that I last saw her alive on Sept 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Hemorrhage Duration _____

Due to arterial sclerosis

Due to _____

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

Major findings: Of operations 83A

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 0

23. Signature J. S. Gashwiler M.D. (M. D. or other) _____

Address Norwinger mo Date signed 9/27/46

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

RECEIVED
District Health Officer No. 10
District Health Officer No. 10
OCT. 14 1948

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.