

No. 2
M-5-43
5-17-39
I X36671

FILED OCT 16 1946
Registration District No. 42

Primary Registration District No. 1000

State File No. _____
Registrar's No. 1147

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
910 Jules St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 910 Jules St. 7
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country *

3. (a) PRINT FULL NAME Anna Williams

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife George Williams

(c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 27 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|----|----|--|
| 71 | 10 | 11 | |
|----|----|----|--|

.....hr.min.

9. Birthplace Russell County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Oliver G. Butler

13. Birthplace Hart County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Lawless

15. Birthplace Hart County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Williams

(b) Address 910 Jules St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Bowen Cemetery

18. (a) Signature of funeral director Hermond P. ...

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Oct. 11, 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 6 1946 to Oct 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 10 days

Due to Arterio Sclerosis

Due to H.B.P.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (BP)

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 [Signature] (M. D. or other) _____

Address 801 E. Francis St. St. Joseph Date signed Oct 9 1946

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

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.