

FILED DEC 16 1946

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 160

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
35228

1. PLACE OF DEATH

(a) County Clay
(b) City or town Epelsion Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
110 Outlook Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 13 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Epelsion Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 110 Outlook St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH N. WILLIAMS

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

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

6. (b) Name of husband or wife James J. Williams 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 21 (Month) 1886 (Day) (Year)

8. AGE: Years 60 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Michiel Miller

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

14. Maiden name Ann Eddings

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

16. (a) Informant James J. Williams
(b) Address Epelsion Springs Mo

17. (a) Burial (b) Date thereof 11-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery
(d) Signature of funeral director Virgil Hope
(e) Address Epelsion Springs Mo

19. (a) 12/14/46 (b) Melaine Hutchings
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1946 hour 6:50 minute 9 A.M.

21. I hereby certify that I attended the deceased from Nov 29 1946
that I last saw him alive on Nov 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to coronary

Due to coronary

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations coronary

Of autopsy coronary

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

(a) Accident, suicide, or homicide (specify) Coronary Thrombosis

(b) Date of occurrence Nov 29 - 1946

(c) Where did injury occur? Epelsion Springs Clay Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Home 110 Outlook St.
(Specify type of place) (e) Means of injury

23. Signature P.W. Prather (M. D. or other) 3
Address Epelsion Springs Mo Date signed 11-29-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-14-46

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Est Springs 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.