

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322 WATER STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 322 WATER STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS MATTIE WILLIAMS

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GRANT WILLIAMS 6. (c) Age of husband or wife if alive - 1867 years

7. Birth date of deceased DECEMBER 25 - 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 13 If less than one day hr. min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JESSE JORDAN

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

14. Maiden name PATTIE FRYE

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

16. (a) Informant GRANT WILLIAMS
(b) Address BOONVILLE, MO.

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

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 11-8-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 7th
year 1946 hour 7 minute 8 M.

21. I hereby certify that I attended the deceased from Jamuary
25 1946 to Nov 7 1946
that I last saw her alive on Nov 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fibroid tumor of uterus Duration 10 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 56 B

Of autopsy

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) (c) Means of injury

23. Signature [Signature] (M. D. or other) h.o.

Address Boonville Mo Date signed 11-8-46

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

35323

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-23-46

JAN 9 1947

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 W. Segner

Licensed Embalmer No.

3780

P. O. Address

Barnwell, N.C.

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.