

FILED FEB 2 1947
 Registration District No. 3017

Primary Registration District No. 3017

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

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: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ONE DAY
(Specify whether)
 In this community LIFE
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") 2
 (d) Street No. 101 NORTH MAIN
(If rural, give location) 0
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HATTIE WILLIAMS
 3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JANUARY day 18th
 year 1947 hour 2 minute 0 P. M.
 21. I hereby certify that I attended the deceased from Jan 17
 1947 to Jan 18 1947
 that I last saw her alive on Jan 18 1947
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 3 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased SEPTEMBER 12 - 1893
(Month) (Day) (Year)

Immediate cause of death Cancer (stomach) ?
 Duration _____

8. AGE: Years 53 Months 4 Days 6
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____

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

Other conditions 46 B
(Include pregnancy within 3 months of death)

10. Usual occupation DOMESTIC MAID
 11. Industry or business DAY WORK
 12. Name HENRY WILLIAMS
 13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name ELLA TINDALL
 15. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant FAMILY RECORDS
 (b) Address BOONVILLE, MO.
 17. (a) BURIAL (b) Date thereof 1/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CITY CEMETERY

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 _____

18. (a) Signature of funeral director STEGNER
 (b) Address BOONVILLE, MO.
 19. (a) 1-21-47 (b) D. Cooper
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Decker (M. D. or other) MA
 Address 127 S. Main Date signed 1/21/47

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RECEIVED

District Health Officer No. 8,

Case File Number

Date Filed

1-31-47

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.....

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.