

FILED JUN 2 1947

Registration District No. **48**

Primary Registration District No. **4507**

Registrar's No. **24**

1. PLACE OF DEATH
 (a) County Sullivan
 (b) City or town Humphreys
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Sullivan ¹⁰⁵
 (c) City or town Humphreys ⁰
(If outside city or town limits, write "RURAL") ⁰
 (d) Street No. - ⁰
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -

3. (a) PRINT FULL NAME Mrs Ella Josephine Williams
 3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 18
 year 1947 hour 12 minute 5 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid. 2
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased Sept. 21, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-1947 to 5-18-1947
 that I last saw her alive on 5-1-1947 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 7 Days 27 If less than one day hr. min.

Immediate cause of death Myocarditis Chronic Duration 1

9. Birthplace Sullivan Co. Mo ⁰
(City, town, or county) (State or foreign country)

Due to -
 Due to -

10. Usual occupation House & Home Keeper

Other conditions -
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business -
 12. Name Miles Shurlo
 13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Slyn
 15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

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

16. (a) Informant Gordon Smith
 (b) Address Humphreys Mo
 17. (a) Burial (b) Date thereof May 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Humphreys Mo Cem.

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? -

18. (a) Signature of funeral director Robbeyn Son
 (b) Address Galt Mo
 19. (a) May 25 1947 (b) Brita Caldwell
(Date received local registrar) (Registrar's signature)

While at work? - (Specify type of place) (c) Means of injury -
 23. Signature W. C. Weston (M. D. or D. O.) W. C.
 Address Galt, Mo Date signed 5-20-47

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

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RECEIVED
District Health Officer No. 10
District File Number 5-47-903
Date Filed MAY 28 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 PK Payne Jr
Licensed Embalmer No. 3400
P. O. Address Galt

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.