

FILED AUG 15 1947

Registration District No. 17

Primary Registration District No. 2034

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Higginsville, Mo.
 (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
 In this community Three years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
 (c) City or town Higginsville 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Lippert Ave - 1
 (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Georgiana Johnson Williams

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

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

6. (b) Name of husband or wife W. H. Williams 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Aug. 13, 1875
 (Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 10 If less than one day
 hr. _____ min.

9. Birthplace Chester Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired - Housewife

11. Industry or business _____

12. Name J. Perry Johnson

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

14. Maiden name Abigail Prine

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

16. (a) Informant Miss Kay Cooper

(b) Address Higginsville, Mo.

17. (a) removal (b) Date thereof 7 25 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Lick, Mo.

18. (a) Signature of funeral director W. H. Hester

(b) Address Higginsville, Mo.

19. (a) July 23, 1947 (b) Clayton M. Landrum
 (Date received local registrar) (Registrar's signature) 154

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28 day _____
 year 1947 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 23 to July 28, 1947
 that I last saw h. EW alive on July 23, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio renal disease years
also Atrophic arthritis - many years

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations 113 D
 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?

(Specify type of place) _____
 While at work _____ (e) Means of injury _____

23. Signature W. H. Hester (M. D. or other) MD
 Address Higginsville, Mo. Date signed 7-26-47

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

RECEIVED

District Health Officer No. 8,

Index File Number

8-14-47

Date Filed

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... *Forrest S. Hooper*

Licensed Embalmer No. *4358*

P. O. Address *Higginsville, Md.*

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.