

FILED SEP 15 1947

State File No. \_\_\_\_\_

Registration District No. 195

Primary Registration District No. 5714

Registrar's No. 18

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Lanagan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 24 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okl (b) County Osage 999  
(c) City or town 319 So. Wood 38  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hominy, Okla  
(If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ray B Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 444-03-1943

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Vera Alice 6. (c) Age of husband or wife if alive: 60 years  
7. Birth date of deceased: Jan. 15th 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Morgan Co. Lancing, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Cotton and Ice

11. Industry or business: Gining and Mfg.

12. Name: Agee D Williams

13. Birthplace: Morgan Co. Lancing, Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name: Ellen Crenshaw

15. Birthplace: Wartburg Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Vera A. Williams  
(b) Address: Hominy, Okla

17. (a) Burial (b) Date thereof: 8-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hominy, Okla

18. (a) Signature of funeral director: Albert Powell

(b) Address: Hominy, Okla

19. (a) 9-9-47 (b) Mrs. B.E. Bradley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day eight 6  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: 947

Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 3

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature: [Signature] (Id. B. or other) [Signature]

Address: Pineville, Okla Date signed: 9-7-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 947-969  
Date Filed SEP 11 1947

SEP 15 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 Margie E. Humphreys  
Licensed Embalmer No. 4262  
P.O. Address Princeton, N.J.

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.