

FILED SEP 3 1947

Registration District No. 3251

Primary Registration District No. 4477

Registrar's No. 102

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers
(c) City or town Stenwood, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ethel May Williams

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 16 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 13 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____
12. Name Mathaniel Johnson
13. Birthplace Schuylers Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Son Walker
15. Birthplace Schuylers Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Nelson Hopper
(b) Address Stenwood, Mo.

17. (a) Burial (b) Date thereof Aug 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stenwood I. O. O. F. Cemetery

18. (a) Signature of funeral director J. O. Fenton

(b) Address Lancaster, Mo.

19. (a) Aug 30 1947 (b) Mrs. O. P. Drake
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 29, year 1947, hour 1, minute 0, M.

21. I hereby certify that I attended the deceased from July 45, 1945, to Aug 29, 1947; that I last saw her alive on Aug 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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) (e) Means of injury 2

23. Signature R. E. Vaughn (M. D. or other) D.O.

Address Lancaster, Mo. Date signed Aug 30

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 9-47-116-5
Date Filed SEP-21-1947

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.....

James A Taylor, Registered Apprentice No. *436*
working under my personal supervision.

Signed *P O Fenton*

Licensed Embalmer No. *3705*

P. O. Address *Lincolnton, 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.