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

National Office of Vital Statistics

FILED NOV 10 1947

Registration District No. 78

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5358

State File No. 34094

Registrar's No. 109

1. PLACE OF DEATH:

(a) County: Davies

(b) City or town: Rural Colfax Twp (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 ..... years, months or days) 1 Year.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Davies 31

(c) City or town: Rural Colfax Twp 0 (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Emma Williams.

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: April (Month) 22 (Day) 1870 (Year)

8. AGE: Years 77 | Months 5 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Atchinson (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housekeeper.

11. Industry or business: Home.

FATHER

12. Name: Hiram Parker.

13. Birthplace: England. (City, town, or county) (State or foreign country) 4

MOTHER

14. Maiden name: Sarah Selly.

15. Birthplace: England. (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs A. J. Walsh

(b) Address: Kidder Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-20 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Denver. Col.

18. (a) Signature of funeral director: DeMoss Crunk.

(b) Address: Cameron. Mo.

19. (a) 10-23-47 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature) 81

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16 year 1947 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1947 Oct 16, 1947 that I last saw her alive on Oct 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: acute infections 6 holecystitis — Duration: 5 days

Due to: not known

Due to: .....

Other conditions: ..... (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 0

While at work? ..... (e) Means of injury .....

23. Signature: A. O. Gilliland (M. D. or other) MD

Address: Cameron MO Date signed Oct 16 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Leo Thomas Brunk

Licensed Embalmer No. 2533

P. O. Address Cameron, 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.