

FILED DEC 11 1947

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 27

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

1. PLACE OF DEATH:
 (a) County Gasconade
 (b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Workman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)
 In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade
 (c) City or town Hermann
(If outside city or town limits, write "RURAL")
203 W. Fourth St
 (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 ROSE WILLIAMS
 (b) If veteran, name war ---
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 17
 year 1947 hour 8:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from April
1947 to Death, 1947;
 that I last saw her alive on Nov. 17, 1947;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles Williams
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan 21 1871
(Month) (Day) (Year)

Immediate cause of death Cardiac failure
 Duration 1 mo.

8. AGE: Years 76 Months 9 Days 26
 If less than one day _____ hr. _____ min.

Due to Rheumatic heart disease 4 years
 Due to R.F.

9. Birthplace Toas Missouri
(City, town, or county) (State or foreign country)

Other conditions Diabetes mellitus, Hypertension years
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: None
 Of operations _____
 Of autopsy None

11. Industry or business _____

MOTHER FATHER {
 12. Name Bernard Schneider
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Helen Prenger
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (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 _____

16. (a) Informant Herbert Williams
 (b) Address New Haven, Mo

23. Signature Cavel T. Shaw, MD (M. D. or other)
 Address Hermann Date signed 11-18-47

17. (a) Burial (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address Hermann, Mo
 19. (a) 11/19/47 (b) [Signature]
(Date received by local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-47

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..... *Hugot B. Blumer*,
Licensed Embalmer No. 3160
P. O. Address..... Hermann, 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.