No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 902

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town CLINTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 SO. Orchard St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 65 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 401 - S. Orchard St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA WILLIAMS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JOHN H. WILLIAMS
6. (c) Age of husband or wife if alive DECEASED
7. Birth date of deceased FEB. (Month) 26. (Day) 1864 (Year)

8. AGE: Years 83 Months 10 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Ozark (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Jesse Adams
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Melvina Williams
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs C. A. Marlow
(b) Address Clinton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director H. L. Vaurant
(b) Address Clinton, Mo.
19. (a) 1-10-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th year 1948 hour 7:20 minute A M.
21. I hereby certify that I attended the deceased from May 11, 1946, to Jan. 9, 1948; that I last saw her alive on Jan. 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 3 yrs
Due to Senility — Duration unknown
Due to —
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None

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) No
(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 S. B. Vaughan (M. D. or other) M.D.
Address Clinton, Mo Date signed Jan 10/48

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

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2023
Date Filed 1-12-48

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 W. L. Vaussant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.