

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

**1. PLACE OF DEATH:**

(a) County Macon

(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Samaritan  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

In this community 73 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mayme Esther Williams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 494 052659

4. Sex Female

5. Color or race White

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

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

7. Birth date of deceased: 11 14 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Abstractor --- Retired

11. Industry or business \_\_\_\_\_

12. Name Lloyd B. Williams

13. Birthplace Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Bryan  
(City, town, or county) (State or foreign country)

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Williams

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 1/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood, Macon, Mo.

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo.

19. (a) 2-4-48 (b) Ruth McNeely  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Macon

(c) City or town Macon  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 20 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 20 1948 to Jan 20 1948 that I last saw her alive on Jan 20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of ascending colon

Duration: 6 mos or more

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

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

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

Major findings: Carcinoma of ascending colon + metastases to liver, omentum

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature R. J. Donoway (M. D. or other) \_\_\_\_\_  
Address Macon, Mo. Date signed 1-29-48

RECEIVED

District Health Officer No. 15

District File Number 248293

Date Filed FEB 10 1948

NOV 11 1948

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.....

*Thos. L. Rath*

Registered Apprentice No. 37

working under my personal supervision.

Signed.....

*Albert Skinner*

Licensed Embalmer No. 751

P. O. Address *Macon 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.