S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13143

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 52

49

6

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carl Junction, R 1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution TWIN GROVES TWP. RURAL
2 Mi. South Carl Junction (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 64 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carl Junction Rural (If outside city or town limits, write "RURAL")
TWIN GROVES TWP. RURAL
(d) Street No. 2 Miles South Carl Junction, Mo. (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME Minnie May Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David Albert Williams
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased 12 (Month) 15 (Day) 1883 (Year)
8. AGE: 64 Years Months 3 Days 3 If less than one day hr. min.
9. Birthplace Carl Jct, R 1 (City, town, or county) Jasper Co., Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alfred McCorkle
13. Birthplace Clay County, Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Hattie Rains
15. Birthplace Ray Co., Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Essie Horne
(b) Address 1522 Pearl, Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Junction, Mo
18. (a) Signature of funeral director Don Roney
(b) Address Carl Junction, Missouri
19. (a) APR. 5. 1948 (Date received local registrar) (b) [illegible] (Registrar's signature) 1527

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16th
year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 9 1947 to March 1 1948
that I last saw her alive on March 1 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver with Ascites	2 mos
Due to	
Due to	
Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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 Edward W. Cline (M. D. or other) M.D
Address Webb City, Mo Date signed 4/1/48

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

48-3-292

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.