

FILED MAY 13 1948

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 6940

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

1. PLACE OF DEATH

(a) County Franklin
 (b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital. 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Union
(If outside city or town limits, write "RURAL")
 (d) Street No. 1100 North Jefferson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Carolyn Lee Williams

3. (b) If veteran, name war _____
 3. (c) Social Security No. 1

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 10 1946
(Month) (Day) (Year)

8. AGE: Years 1 Months 11 Days _____
 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Williams

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Arma Johnson

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

16. (a) Informant Charles L. Williams

(b) Address 1100 N. Jefferson

17. (a) Burial (b) Date thereof 5/12/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director E. R. Ottmann

(b) Address Washington, Mo.

19. (a) May 11, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 10th
 year 1948 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from 4-15-48 to 5-10-48
 that I last saw her alive on 5-9-48
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Meningitis Duration 10 days

Due to Influenza 1 Mo

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 33P

PHYSICIAN
 Underline 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 0

23. Signature [Signature] (M. D. or other) Mo

Address Union, Mo. Date signed 5-11-48

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 17 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. F. Olthoff*.....

Licensed Embalmer No. *1686*.....

P. O. Address..... *Union 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.