

FILED OCT 4 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30215

Primary Registration District No. 4256

Registrar's No. 32

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(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 Annie Catherine Williams
(b) If veteran, name war --
(c) Social Security No. --
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Hooker Williams
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June 11, 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 24
year 1948 hour 4:45 AM minute -- M.
21. I hereby certify that I attended the deceased from Sept 12, 1941, to Sept 24, 1948
that I last saw h. alive on Sept 23, 1948
and that death occurred on the date and hour stated above. Duration
Immediate cause of death Acute Endo carditis

8. AGE:	Years	Months	Days	If less than one day
	80	3	13	hr. min.

Due to Chronic Myocarditis
Due to Nerve Zoster Contributory Cause
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations AD
Of autopsy AD

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --
12. Name Thomas Carl Paul
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary C. --
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Hooker Williams
(b) Address Holden, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-48
(Month) (Day) (Year)
(c) Place: burial or cremation Holden Cemetery
18. (a) Signature of funeral director E.B. Gest
(b) Address Holden, Mo.
19. (a) Sept 26, 1948 (Date received local registrar) (b) Mrs. B.D. Redford (Registrar's signature) 150

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 L
23. Signature James M. Holmberg (M. D. or other) D.O.
Address Holden Mo Date signed 9/25/48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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. B. Cast

Licensed Embalmer No. _____

405-9

P. O. Address _____

Holden, 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.