

No. 2  
1/47  
17-39

FILED OCT 1 1948

State File No. ....

Registration District No. 171

Primary Registration District No. 5638

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural "Sun-a-Bas"  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Rural  
(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 Enna Leora Tucker Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F / Color or race W

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Forest Williams

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased July 25 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boonville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Wm. D. Tucker

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

14. Maiden name Catherine Wright

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

16. (a) Informant A. H. Andrew Williams

(b) Address 725 N. Willis Independence, Mo

17. (a) Burial (b) Date thereof 9-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor

18. (a) Signature of funeral director Forest Williams

(b) Address Higginville, Mo.

(c) Date received local registrar Sept. 10-1948

(d) Registrar's signature Leta D. Drummond

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 15 1944 to Sept 4 1948  
that I last saw him alive on Sept 4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Peripartum Cardiac Vascular Disease  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 95P

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? \_\_\_\_\_

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

(f) Means of injury \_\_\_\_\_

23. Signature Stephen M. D. (M. D. or other)

Address Washington Mo Date signed Sept 2, 48

Duration 5 years  
8 yrs

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-30-48

MAR 27 1958

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 Forrest A. Hooper

Licensed Embalmer No. 4354

P. O. Address Springville, TN

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.