

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: NO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO  
(Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Marston  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME MARY WILLIAMS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1948 hour 2 PM minute 30 M.

4. Sex FEMALE

5. Color or race C

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

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

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: about 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 7, 1948, to Nov 8, 1948, that I last saw him alive on Nov 7, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Cerebral thrombosis

Duration 12 hours

9. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Due to hypertension

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

10. Usual occupation house work

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

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

12. Name unk

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

14. Maiden name unk

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

Major findings: \_\_\_\_\_

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

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

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

16. (a) Informant Charles Masley

(b) Address Marston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 - 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Masson

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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? \_\_\_\_\_

18. (a) Signature of funeral director Landis

(b) Address Marston

19. (a) 12-4-48 (Date received local registrar)

(b) H. F. Ponder (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury i

23. Signature Wanda McRawn (M. D. or other)

Address Marston Date signed 11/8/48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1248-1647

Date Filled 12-9-48

JUN 11 1949

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.....

Not Embalmed, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.