

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

FILED DEC 28 1948

State File No. _____

Registration District No. 27

Primary Registration District No. 3000

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Community Butler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

(c) City or town Appleton City, Mo Aug 2
(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 Emily Louisa Williams

3. (b) If veteran, name war no

3. (c) Social Security No. D'

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1
1948 to 12-6 1948
that I last saw her alive on 12-6 1948
and that death occurred on the date and hour stated above.

4. Sex Fem / 5. Color or race White

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

6. (b) Name of husband or wife Francis M Williams

6. (c) Age of husband or wife if alive 82 years
Feb (Month) 3 (Day) 1869 (Year)

Immediate cause of death

Due to Heart failure
Coronary Occlusion
Hypertension

Due to Cholecystitis and
Cholelithiasis
Other conditions Cholecystectomy
(Include pregnancy within 5 months of death)

8. AGE: Years 79 Months 10 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER {

11. Industry or business _____

12. Name William Howell

13. Birthplace Ill 1
(City, town, or county) (State or foreign country)

14. Maiden name Mathyne Allen

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy 126

16. (a) Informant Francis M Williams

(b) Address Appleton City, Mo

17. (a) Funeral (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidds Chapter

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City, Mo

19. (a) 12-20-1948 (b) Herrell Murray
(Date received local registrar) (Registrar's signature)

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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R R Hansen (M. D. or other MD)
Address Appleton City, Mo Date signed 12-29-48

RECEIVED

District Health Officer No. _____

District File Number 11-71-14

Date Filed 12-27-48

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 _____

on the 11th day of Dec 1948, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1899

P. O. Address Appleton City, 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.