

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 22

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

**1. PLACE OF DEATH:**

(a) County MACON

(b) City or town MACON  
(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 \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**8. (a) PRENT FULL NAME** MARGARET WILLIAMS

3. (b) If veteran, name war \_\_\_\_\_

3. (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 JOHN WILLIAMS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOVEMBER 14 1870  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>13</u>	— hr. — min.

9. Birthplace SO. WALES  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

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

**MOTHER** { 12. Name JOHN J. MORGAN

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

14. Maiden name ELIZABETH LEWIS

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

16. (a) Informant Mrs. Carl Powell

(b) Address MACON, MISSOURI

17. (a) BURIAL (b) Date thereof 2/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEVIER - EAST OAKWOOD

18. (a) Signature of funeral director W. E. EDWARDS

(b) Address BEVIER, MISSOURI

19. (a) 3/5/41 (b) Seato Newland  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MACON

(c) City or town MACON  
(If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 27  
year 1941 hour 110 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1933  
Feb. 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Apyaue

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

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

Other conditions Cardiovascular disease  
(Include pregnancy within 3 months of death)

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

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

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

Duration 8 yrs

PHYSICIAN 870

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? 476 (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature M. D. or other  
Address MACON MO Date signed 2/5/41

RECEIVED

District Health Officer No. 10

District File Number 3-41-518

Date Filed MAR 10 1941

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 \_\_\_\_\_

*H. G. Edwards*

Registered Apprentice No. 1967

working under my personal supervision.

Signed *H. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Bowie, Md

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, above space should be left blank.