

DEPARTMENT OF COMMERCE **FILED JUN 16 1949** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. 18314
Registrar's No. 48

Registration District No. 496 Primary Registration District No. 3025

1. PLACE OF DEATH:
(a) County LINN
(b) City or town BROOKFIELD Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs
(Specify whether years, months or days) 40 years

8. (a) PRINT FULL NAME HANNAH CHRISTINE WILLIAMS
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Williams 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug 17 1893
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Chariton County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Jackson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Miranda Darrell
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oral Lockwood
(b) Address Keokuk, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet
18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 5/23/41 (Date received local registrar) (b) Prothues (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Marceline Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 225 East Walker
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1941 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 21, 1941, to May 24, 1941;
that I last saw her alive on May 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 Weeks

Due to _____
Due to 94 W
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
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) No
(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? _____

445 While at work? (Specify type of place) (e) Means of injury _____
28. Signature William I Hyatt (M. D. or other) M.D.
Address Marceline Mo Date signed May 26 41

USE GRAYING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Dale Bunch

Licensed Embalmer No.

4088

P. O. Address.....

Marceline 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, above space should be left blank.