

FILED APR 16 1942 677

Registration District No.

Primary Registration District No. 4403

1. PLACE OF DEATH:

(a) County Phillips
(b) City or town Waltham
(c) Name of hospital or institution Phillips Memorial Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 8 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 107
(c) City or town Walt Creek
(d) Street No.
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME COLE E. 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
6. (b) Name of husband or wife WILLIAM S. WILLIAMS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 19th 1891

8. AGE: Years 50 years Months 7 Days 21 If less than one day hr. min.

9. Birthplace Przaszki, Poland

10. Usual occupation housewife
11. Industry or business home

12. Name Henry Lewis
13. Birthplace Walt Missouri
14. Maiden name Catherine
15. Birthplace Walt Missouri

16. (a) Informant Walt Lewis
(b) Address Cabool mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address
19. (a) 3/5/42 (b) J. C. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1942 hour 11:00 minute — P.M.

21. I hereby certify that I attended the deceased from 2-28 to 3-7, 1942
that I last saw her alive on 3-7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Gall stones
Due to Possibly allowing the stones to remain too long and
Due to Cancer developed

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations Gall stones
Of autopsy pancreas cancer

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? (Specify type of place) (c) Means of injury
23. Signature Walt Lewis Date signed 3/10/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 28 1942

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.....

March 7- 1942

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred H. Gilbert

Licensed Embalmer No.....

2341

P. O. Address.....

Dixon 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.