

No. 2
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5-17-39
I X26390

FILED JUL 13 1942

Registration District No. **608**

Primary Registration District No. **6807A**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella

(c) Name of hospital or institution: Gardwell Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day in hospital

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Pierce City

(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 _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Maude Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 4
year 1942 hour 6 minute 30 P. M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 31 1940

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1942 to June 4 1942 19 _____ ;
that I last saw her alive on June 4 1942 19 _____ ;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1 9 3 _____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia

Duration Unknown

9. Birthplace McDonald County

(City, town, or county) (State or foreign country)

Due to _____

Due to 107

10. Usual occupation Infant

Other conditions Pleural Effusions

(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Williams

{ 13. Birthplace Ill.

(City, town, or county) (State or foreign country)

{ 14. Maiden name Ivy Michell

{ 15. Birthplace Granby Mo.

(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ivy Williams

(b) Address Pierce City Mo.

17. (a) burial (b) Date thereof 6-6-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

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? _____

18. (a) Signature of funeral director _____

(b) Address Pierce City Mo.

19. (a) June 8, 42 (b) Dora Gerster

(Date received local registrar) (Registrar's signature)

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

23. Signature C. Carthwell (M. D. or other)

Address Stella Mo. Date signed 7/6/42

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RECEIVED

District Health Officer No. 6,

District File Number 742-940

Date Filed JUL 10 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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Victor O. Hummer

Licensed Embalmer No... 3823

P. O. Address Lucas 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.