

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Ozark Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: (1st ward) South Ward  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3.5 yrs (Specify whether years, months or days)  
In this community 3.5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town Ozark  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lillie M. Williams

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Earnest Williams 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov 29 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>2</u>	..... hr. .... min.

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

10. Usual occupation House Keeper

11. Industry or business .....

12. Name James Cantalob

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

14. Maiden name Catalob Chaney

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

16. (a) Informant Earnest Williams

(b) Address Ozark Mo.

17. (a) Buried (b) Date thereof Nov 3 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director W.B. Chaffin

(b) Address Ozark Mo.

19. (a) Nov 27 1942 (b) Mrs. Mallow Skie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw her alive on Saturday Oct. 31 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to .....

Due to .....

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Major findings: Chronic nephritis

Of operations .....

Of autopsy 1318

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) (e) Means of injury .....

23. Signature Richard L. Mitchell (M. D. or other) .....

Address Ozark, Missouri Date signed 11/2/42

Duration 2 Mo.  
PHYSICIAN 67 Mo  
Unknown

Underline the cause to which death should be charged statistically.

22  
0

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

-244  
130/42

DEC 1 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *T. B. Chaffin* .....

Licensed Embalmer No. *2182* .....

P. O. Address..... *Ozark, 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.**