

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 150

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Farmington Mo
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community 60 years
years, months or days

3. (a) PRINT FULL NAME Barbara Ellen 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 2 divorced widowed
6. (b) Name of husband or wife George R. Williams 6. (c) Age of husband or wife if alive, years 12
7. Birth date of deceased Apr. 18 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Home maker

11. Industry or business

12. Name Richard Adams

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

14. Maiden name Matilda Ruth

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

16. (a) Informant Richard L. Williams

(b) Address 329 East 20th, Webster Groves, Mo

17. (a) Burial (b) Date thereof 11-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview - Farmington Mo.

18. (a) Signature of funeral director Cozen Funeral and

(b) Address Farmington Mo

19. (a) Nov 30, 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Farmington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 42 hour 7 minute M.

21. I hereby certify that I attended the deceased from 11-16 1942 to 11-28 1942
that I last saw her alive on 11-28 and that death occurred on the date and hour stated above.

Immediate cause of death a poplexy

Due to 1

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 R. Appleby (M. D. or other)

Address Farmington Mo Date signed 11-30-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

94
4
1

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242-1427

Date Filed 12-2-42

JAN 22 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.