

FILED JAN - 8 1943 / 174
Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Lafayette, Mo
(b) City or town Lexington, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nil
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Nil
In this community 57 yrs. 8 mos. 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Lafayette (b) County Missouri ⁵⁴
(c) City or town Lexington (Mo) ³
(If outside city or town limits, write "RURAL") ²
(d) Street No. 27 10th St ¹
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie Williams

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 2 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Louis Williams
13. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Curtis
15. Birthplace Lexington, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roswell Page
(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof 12-6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Green + Sons

(b) Address Lexington, Mo.
19. (a) 12-6-42 (b) Mrs. Fred Schwal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd
year 1942 hour 7:30 min. _____ M.

21. I hereby certify that I attended the deceased from Nov. 6, 1942 to Dec. 3, 1942
that I last saw her alive on Dec. 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral apoplexy + do.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 3a

Major findings: Of operations _____

Of autopsy no

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? _____

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

23. Signature [Signature] (M.D. or other) _____

Address Lexington, Mo. Date signed 12/5/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-7-43

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

William Nunley

Licensed Embalmer No.

31054

P. O. Address

Lexington, 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.