

BUREAU OF THE CENSUS
OCT 15 1943

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 195

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Jennie Williams

3. (b) If veteran, name war None 3. (c) Social Security No. ?

4. Sex Female 5. Color or race negro white
6. (b) Name of husband or wife Silvester Williams 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Nov 25 1892
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name HOWARD EMERY 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name DIANA Woods
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ISADORA Jennings
(b) Address Boonerville Mo

17. (a) BURIAL (b) Date thereof Oct 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARSHALL Mo

18. (a) Signature of funeral director Don SHORT

(b) Address MARSHALL Mo

19. (a) Oct 5 1943 (b) Mo T. Overholser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE 097
(c) City or town MARSHALL
(If outside city or town limits, write "RURAL") 2
(d) Street No. So Redman
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 29th 1943, to Sept 29 1943 that I last saw her alive on 9-29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr.

Due to _____
Due to _____

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

Major findings: Of operations No operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 W. H. Madison (M. D. or other)
Address Marshall Mo. Date signed 9-30-43

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

17
1
2

1215

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

10-11-43
DNR

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Donald W. Short

Licensed Embalmer No. 3757

P. O. Address _____

Marshall, 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.