

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 347

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
821 W 10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 36 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 821 W 10
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Aurilla WILLIAMS

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

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

6. (b) Name of husband or wife Asa Williams 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 4 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Thomas Fletcher Linville

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

14. Maiden name Nancy Johnson

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

16. (a) Informant Asa Williams

(b) Address Sedalia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 5 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 11-4-43 (Date received local registrar) (b) Ma Anne Decker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1943 hour 9:00 minute _____ M.

21. I hereby certify that I attended the deceased from October 20, 1943, to Nov 2, 1943 that I last saw him alive on Nov 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
arterio sclerosis
& Hypertension

Due to _____
Due to _____

Other conditions gfa
(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 JWT Boger (M. D. or other)
Address Sedalia Mo Date signed 11/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

12-14-43

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.....

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address.....

Sedalia 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.