

FILED MAY 21 1944

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(c) Name of hospital or institution: Palmyra
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(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 _____

3. (a) PRINT FULL NAME Serilda Williams
(b) If veteran, name war X
(c) Social Security No. X

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife virge Williams
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 12 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Isaac Bartlett
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnson
15. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Morgan
(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 4/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem. Palmyra

18. (a) Signature of funeral director Levin Moss
(b) Address Palmyra, Mo.
19. (a) 4/21/44 (b) Mrs Margaret Madson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th
year 1944 hour 8.30 minute A M

21. I hereby certify that I attended the deceased from March 15 1943 to April 19 1944
that I last saw her alive on April 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Duration 1 day

Due to _____

Due to _____

Other conditions 93d
(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 Levin Moss (M. D. or other) _____
Address Palmyra Mo Date signed 4/21/44

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..... *Geo. B. Lewis*
Licensed Embalmer No. *2382*
P. O. Address..... *Denver Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.