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K23159

FILED MAY 29 1944

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 48

1. PLACE OF DEATH:

(a) County. Lawrence

(b) City or town. Pierce City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution. 200 Myrtle  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community. Lifetime years, months or days)

3. (a) PRINT FULL NAME. Frances Jenette Williams

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

4. Sex. Female 5. Color or race. White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Not known 6. (c) Age of husband or wife if alive. XXXXXX years

7. Birth date of deceased. June (Month) 5 (Day) 1864 (Year)

8. AGE: Years 83 Months 9 Days 10 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation. Housewife

11. Industry or business. XXXXXXXXXXXXXXXXXXXXXXXXXXXX

MOTHER FATHER { 12. Name Dick Hines

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Elbrige Wright

(b) Address Pierce City Missouri

17. (a) Burial (b) Date thereof. 4 18 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pierce City, Missouri

18. (a) Signature of funeral director. Therese Williams

(b) Address. Pierce City, Missouri

19. (a) 4-16-44 (b) Eunice Thomas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Lawrence

(c) City or town. Pierce City Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 200 Myrtle (If rural, give location)

(e) If foreign born, how long in U. S. A. XXXXXXXXXXXXXXXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 12  
1944, to April 15, 1944;  
that I last saw her alive on April 15, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis

Duration 3 Yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. 93d  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of 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 C. B. Hughes (M. D. or other) \_\_\_\_\_

Address Pierce City, Mo. Date signed 7-12-44

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

1156

RECEIVED

District Health Officer No. 6,

District File Number 544-615

Date Filed MAY 24 1944

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

ME

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Victor O. Kummer*

Licensed Embalmer No. 3822

P. O. Address Quincy, Ill.

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.