

FILED JUL 20 1944
 Registration District No. **152**

Primary Registration District No. **4241**

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

8000

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Oak Grove
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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 37 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Oak Grove 48
(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 Jinnie Lee Williamson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 5
 year 1944 hour 10 minute - A.M.
 21. I hereby certify that I attended the deceased from Feb. 3, 1943 to June 5, 1944
 that I last saw h. or alive on June 5, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife W. J. Williams
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 1, 1865
(Month) (Day) (Year)

Immediate cause of death: Myocardial Degeneration
Mitral insufficiency
 Due to _____
 Due to _____

8. AGE: Years 79 Months 4 Days 4
 If less than one day _____ hr. _____ min.

Other conditions: Chronic glomerulonephritis
(Include pregnancy within 3 months of death)

9. Birthplace Oak Grove - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

12. Name Tom Rivers
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Ann Gowen
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Williams
 (b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof 6-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs. G. Blumh. Son
 (b) Address Oak Grove Mo

19. (a) June 7-44 (b) Mrs. Jessie M. Histon
(Date received local registrar) (Registrar's signature)

Major findings: 1358
 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?

23. Signature H. E. Hansen D.O.
(Specify type of place) (e) Means of injury
 Address Oak Grove, Mo. Date signed 6-7-44

1360

AUG 23 1946

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 RB Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.