

FILED OCT 2 1944

Registration District No. 2

Primary Registration District No. 3052

State File No.

Registrar's No. 401

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: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether
In this community 21 YEARS
years, months or days)

3. (a) PRINT
FULL NAME

LOLA 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,

0 divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

12 - 21 - 1902
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

41

8

15

hr. _____ min.

9. Birthplace

GREENRIDGE

(City, town, or county)

Mo. 0

(State or foreign country)

10. Usual occupation

BANK EMPLOYEE

11. Industry or business

12. Name

T. J. WILLIAMS

13. Birthplace

NEW LONDON

(City, town, or county)

KY. 1

(State or foreign country)

14. Maiden name

MAUDE WARREN

15. Birthplace

IONIA

(City, town, or county)

Mo. 0

(State or foreign country)

16. (a) Informant

T. J. WILLIAMS

(b) Address

GREENRIDGE, Mo.

17. (a)

BURIAL

(Burial, cremation, or removal)

(b) Date thereof

9-8-1944

(Month) (Day) (Year)

(c) Place: burial or cremation

GREENRIDGE CEMETERY

18. (a) Signature of funeral director

Gillespie

(b) Address

SEDALIA

19. (a)

9/8/44

(Date received local registrar)

Dr. Anna Berger

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. TERRY HOTEL APTS.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 6TH
year 1944 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 1 1944
to Sept 6 19 44

that I last saw him alive on Sept 6 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of the lungs Non-specific acute salpingitis and general peritonitis 10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

PHYSICIAN

Underline the cause to which death is charged statistically.

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

Frank B. Long

(M. D. or other)

Address Sedalia

Date signed 9-8-44

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

1022

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1945

RECEIVED

District Health Officer No. 1

District File Number

Date Filed

9-29-44

APR 25 1945

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

L. E. Bonlehn

Licensed Embalmer No.

3867

P. O. Address

Sealatin 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.