

Registration District No. 183

Primary Registration District No. 4296

State File No. _____

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Browning
(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) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7.0 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 53
(c) City or town Browning (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Francis Williams
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 28 year 1944 hour _____ minute 4:30 P.M.

4. Sex F.M. 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward A Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 23 1867 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1939 to Oct 25 1944 that I last saw her alive on Sept 11 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 3 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma gas bladder + liver Duration 17yr

9. Birthplace Holt Co Mo (City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation House wife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name James Atkins
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Vaughn
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant James R Williams
(b) Address Browning

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? _____

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10 31 44 (Month) (Day) (Year)
(c) Place: burial or cremation Kingony Grove

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Shirley C. ...
(b) Address 1110 ...
19. (a) Nov - 14 1944 (Date received local registrar) (b) Mrs C C Woolf (Registrar's signature)

23. Signature J R ... (M. D. ...)
Address Browning Mo Date signed _____

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

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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 Dwight Schone

Licensed Embalmer No. 2667

P. O. Address Milan, 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.