

FILED FEB 7 1945
Registration District No. **379**

Primary Registration District No. **6287**

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

1. PLACE OF DEATH:
(a) County **MONROE**
(b) City or town **MANSEFIELD - RURAL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pleasant Valley Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **66 yrs 2 mo. 7 Days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **WRIGHT**
(c) City or town **RURAL - Pleasant Valley**
(If outside city or town limits, write "RURAL")
(d) Street No. **mansfield** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MAUDE DOLL WILLIAMS**
3. (b) If veteran, name war **NON P**
3. (c) Social Security No. **NON P**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN** day **13** year **1945** hour **10** minute **20 A.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **PAUL WILLIAMS**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **NOV 1879** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 23** 1944, to **Jan 13** 1945 that I last saw him alive on **Jan 12** 1945 and that death occurred on the date and hour stated above.

8. AGE: Years **66** Months **2** Days **7** If less than one day hr. min.

Immediate cause of death **Cerebral Hemorrhage** Duration **28 days**
Due to **Arterial Sclerosis** **28 years**

9. Birthplace **DOUGLAS CO MISSOURI** (City, town, or county) (State or foreign country)

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings: **of 7th**
Of operations.....
Of autopsy.....

10. Usual occupation **HOUSE WIFE**

11. Industry or business
12. Name **L.M. Roy**
13. Birthplace **KENTUCKY** (City, town, or county) (State or foreign country)
14. Maiden name **JOHANNALPTSINGBY**
15. Birthplace **TENN.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Margie Williams**
(b) Address **MANSEFIELD MO**

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?..... (Specify type of place) (e) Means of injury.....

17. (a) **BURIAL** (b) Date thereof **JAN 15 1945** (Month) (Day) (Year)
(c) Place: burial or cremation **Prarie Hollow CPM**
18. (a) Signature of funeral director **J.A. Steff**
(b) Address **MANSEFIELD MO**
19. (a) **Jan 16 1945** (Date received by local registrar) (b) **S.L. Hensley** (Registrar's signature)

23. Signature **J.A. Fison** (M. D. brother)
Address **Mansfield Mo** Date signed **1-14-45**

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: *J.A. Steffe*.....

Licensed Embalmer No. *3221*.....

P. O. Address *Manfield 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.