

FILED AUG 21 1945

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **206**

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution:
2001 W-Gordon St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **Life time**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **64**

(c) City or town **Hannibal** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **2001 W-Gordon** **4**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Williams**

3. (b) If veteran, name war **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

3. (c) Social Security No. **XXXXXXXXXXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
year **1945** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **Colored** 5. Color or race **Female**

6. (b) Name of husband or wife **Richard Williams** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased: **Not Known**
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis**

Due to _____

Due to _____

8. AGE: Years **Approx 75** Months **Not Known** Days _____ If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace **Marion County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid & Cook**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Harrison Barnes**

13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora Johnson**
(b) Address **2001 W-Gordon St.**

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) **Greenwood** (b) Date thereof **7/18/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmyra Mo.**

(Specify type of place) _____

While at work? _____ (e) Means of injury **Car**

18. (a) Signature of funeral director **A. M. Sprague**
(b) Address **Palmyra Mo.**

19. (a) **7-20-45** (b) **J. E. Lucke**
(Date received local registrar) (Registrar's signature)

23. Signature **Jas. D. Duncanson** (M. D. or other) **3**
Address **Hannibal, Mo.** Date signed **7/20/45**

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

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 A. M. Sprague.....

Licensed Embalmer No. 999.....

P. O. Address Palmyra 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.