

FILED JUN 4 1946
27

State File No. _____

Registrar's No. 53

Registration District No. 2

Primary Registration District No. 5092

Hue
17
0
3
14588
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler Missouri RFD # 6
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LONE OAK
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town RFD #6 Butler Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Lone Oak Twp.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ella N. Williams

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1946 hour 9 minute A M.

4. Sex female 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife S Boyd Williams

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 15th 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10, 1946 to May 30th 1946
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>4</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage

Due to: hypertensive arteriosclerosis

Due to: _____

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

9. Birthplace: New York
(City, town, or county) (State or foreign country)

10. Usual occupation: housewife

PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name: Samuel Latham

13. Birthplace: Illinois
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Nickelson

15. Birthplace: Illinois
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: Mrs. Florence Colson

(b) Address: RFD #6 Butler Missouri

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: June 1 1946
(Month) (Day) (Year)

(c) Place: burial or cremation: Oakhill Cemetery

18. (a) Signature of funeral director: Culver-Underwood

(b) Address: Butler Missouri

19. (a) May 31 1946 (b) Funeral Home
(Date received in Missouri) (Registrar's signature)

(Specify type of place) _____

(c) Means of injury: _____

23. Signature: J. D. Latham (M. D. or other) _____

Address: Butler Mo Date signed: 5/31/46

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.....

Licensed Embalmer No. **3585**

P. O. Address. **Butler Missouri**

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.