

S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

State File No. 19271

FILED JUN 10 1946

Registration District No. 360

Primary Registration District No. 3026

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Wernon

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

(c) Name of hospital or institution:
535 S. Cedar 1
(If not in hospital or institution, write street number or location)

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

In this community many years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ann K. Williams

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 10th, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>7</u>	<u>9</u>	hr. _____ min.

9. Birthplace: Nevada Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Joseph E. Harding

13. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth McNeil

15. Birthplace Wernon Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Wright

(b) Address Nevada Mo.

17. (a) Cubical (Burial, cremation, or removal) (b) Date thereof 4-22-46
(Month) (Day) (Year)

(c) Place: burial or cremation Deerbrook

18. (a) Signature of funeral director Chickinger Funeral Home

(b) Address Nevada Mo.

19. (a) 5-14-46 (Date received local registrar) (b) Walter Jancy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 535 S. Cedar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19th
year 46 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from 6-1 1945 to 9-19 1946
that I last saw her alive on 9-19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary

Duration 2 yrs.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C. Braxton (M. D. or other) _____

Address Nevada Date signed 4-21-46

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

140

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STO. G. 2 NINA

RECEIVED
Dist. of Health Officer No. 7,
District File Number 5-46-572
Date Filed 6-6-46

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 Mark Leichinger
Licensed Embalmer No. 2658
P. O. Address. Newula 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.