

FILED SEP 10 1948

State File No. _____

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 269

1. PLACE OF DEATH:

(a) County ST. FRANCIS

(b) City or town FLAT RIVER, MO
(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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCIS

(c) City or town FLAT RIVER MO 5
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

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

3. (a) PRINT FULL NAME JOSEPHINE WILLIAMS

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Felix Williams

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

7. Birth date of deceased JUNE 12 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

95 2 11 hr. min.

9. Birthplace Washington Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation STATE OF HOME

11. Industry or business NONE

MOTHER FATHER

12. Name TIXSEE DE-CONIA

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

14. Maiden name MARTHA DE-CHE

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

16. (a) Informant JOHN DE-CONIA

(b) Address FLAT RIVER, MO

17. (a) BURIAL (b) Date thereof 8-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. FRANCIS

18. (a) Signature of funeral director C. J. Soyler

(b) Address LESLADE MO

19. (a) 8-28-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 23 1946 to 8-23 1946
that I last saw her alive on 8-23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
arteriosclerosis
myocardial

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) (c) Means of injury fall

23. Signature [Signature] (M. D. or other) _____
Address Flat River, MO Date signed 8/24/46

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

RECEIVED

District Health Officer No. 4

File Number 946-2571

Date Filed 9-9-46

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 C. J. Sawyer

Licensed Embalmer No. 1671

P. O. Address Herstige W/O

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.