

FILED OCT 8 1946

State File No.

81

Registration District No. 224

Primary Registration District No. 5796

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Rural - Walker
(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 _____ (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME MARTHA KATHERINE WILLIAMS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1946 hour 6 minute 40 p. M.

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 Jan 18 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5 1945 to Sept 9 1946
that I last saw he alive on Sept 28 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death Pulmonary infarct

9. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

Due to mitral insufficiency

Due to arteriosclerosis

10. Usual occupation housewife

Other conditions (include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Charley Allison

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

14. Maiden name Amelia Wendleton

15. Birthplace Mo. 1
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations _____

Of autopsy 9/28

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Effie Williams

(b) Address California Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-46
(Month) (Day) (Year)

(c) Place: burial or cremation City Center, California 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? _____

18. (a) Signature of funeral director Joseph E. Williams

(b) Address California Mo.

19. (a) 9-30-46 (Date received local registrar) (b) H.R. Popejoy (Relator's signature)

While at work? _____ (Specify type of place) (c) Means of injury /

23. Signature J. P. Bertha Jr. (M. D. or other) Caligarnia Mo. Date signed 9/30/46

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

20833

OCT 22 1946

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-8-46

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..... *Hugh E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California 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.