

FILED NOV 7 1946

Registration District No. _____

55-4-93025

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(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 About 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette R. F. D.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1946 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 10-20 to 10-20, 1946
that I last saw ha alive on 10-20 and that death occurred on the date and hour stated above.

Immediate cause of death Basilary Dysentery

Due to _____
Due to _____

Other conditions Bangrenum of Cervix + Vagina
(Include post-mortem within 3 months of death)

Major findings: Basilary Dysentery
Bangrenum of Vagina + Cervix

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?

23. Signature W. H. Brown (M. D. or other) M.D.
Address Fayette, Mo Date signed 10-24-46

3. (a) PRINT FULL NAME Pearl Jackson Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Franklin Williams 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 4, 1914
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Galt, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bruce Jackson

13. Birthplace Saline Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant George Franklin Williams
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/46
(Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Mo

19. (a) 10-26-1946 (Date received local registrar) (b) Dorothy Pennington (Registrar's signature) Deputy

123 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Specify type of place)

(c) Means of injury

(M. D. or other)

Date signed

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-2-46

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, ~~by~~ _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed ~~_____~~

Ralph A. Carr
Licensed Embalmer No. 3340

P. O. Address Dayton, 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.