

REG. DIST. NO. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory
(c) City or town Preston
(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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mary Elizabeth Williams

20. DATE OF DEATH: Month Dec. day 30
year 1946 hour 3 minute P. M.

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

21. I hereby certify that I attended the deceased from Dec 29 1946 to Dec 30 1946
that I last saw her alive on Dec 30 1946
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....

6. (b) Name of husband or wife Harlam O. Williams 6. (c) Age of husband or wife if alive 5 years

Acute hepatitis

7. Birth date of deceased Feb. 5 1903
(Month) (Day) (Year)

Due to cause unknown

8. AGE: Years 43 Months 10 Days 25
If less than one day hr. min.

Due to

9. Birthplace Harrisburg Nebraska
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy 125B

12. Name Geo. E. Younkin

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

14. Maiden name Anna Yant

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

16. (a) Informant Harlam O. Williams

(b) Address Preston, Mo.

17. (a) Burial (b) Date thereof 12/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urbana, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, 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?

(Specify type of place) While at work? (e) Means of injury P

23. Signature A.D. Slesky (M. D. or other)

Address Holland Rd, Springfield, Mo. Date signed Dec 31 1946

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 12 1957

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..... *Walter E. Hamiller*

Licensed Embalmer No..... 3808

P. O. Address... Springfield, 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.