

FILED DEC 28 1946
Registration District No. 207

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
1508 Market Street
(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

3. (a) PRINT FULL NAME Lucile Mae 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 Widowed

6. (b) Name of husband or wife Frank Williams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased No record
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About 62				hr. _____ min. _____

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

10. Usual occupation XX

11. Industry or business _____

MOTHER FATHER { 12. Name E. M. Stombaugh 9

13. Birthplace No record 1 (City, town, or county) (State or foreign country)

14. Maiden name Weston

15. Birthplace No record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Francis Heinman

(b) Address 1508 Market Hannibal Missouri

17. (a) Remove (b) Date thereof 12-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Lawn, Glendale Calif.

18. (a) Signature of funeral director M. Crawford Smith

(b) Address 907 Broadway Hannibal Missouri

19. (a) 12-7-46 (b) Dr. E. M. Luke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. 1508 Market (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1946 hour _____ minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 48 hours

Due to Hypertension in Essential?

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g. 2. a.

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? _____

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

23. Signature Kenneth L. Gilman M.D. or other _____
Address Hannibal, Mo. Date signed 12/7/46

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.....

M. Crawford Smith

Licensed Embalmer No..... 2814

P. O. Address..... Hannibal, Missouri

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.