

Registration District No. _____ Primary Registration District No. 4045

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
In town, on back east of #63 highway
(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 Cora Jane Williams

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

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

6. (b) Name of husband or wife Serge 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb. 19 1877
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name of father William Butler

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

14. Maiden name Emanda Peak

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

16. (a) Informant Mrs. Raymond Scholler

(b) Address 200 - N. Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Anna Moore

(b) Address 702 Jefferson

19. (a) 3-20-47 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. In town, on back east of #63 highway
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19
year 1947 hour 12 minute 55 a. M.

21. I hereby certify that I attended the deceased from Mar 15 1947 to Mar 19 1947
that I last saw her alive on Mar 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury Stroke

23. Signature M. D. Scholler (M. D. or other) _____
Address Ashtland Mo Date signed 3-20-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DEC 15 1947

Dr. Ryan
W. H. ...

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed *3/28/47*

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 *J. H. ...*

Licensed Embalmer No. *3641*

P. O. Address *J. H. ...*

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.