

FILED MAY 19 1947

Registration District No. **178**

Primary Registration District No. **5664**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **Williamstown, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 Reddish top**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**; (b) County **Lewis**
(c) City or town **Williamstown**
(If outside city or town limits, write "RURAL")
(d) Street No. **Reddish top**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes No)
If yes, name country _____

3. (a) PRINT FULL NAME **Minnie Ann Fields**

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Dec 22 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	4	21	hr. _____ min. _____

9. Birthplace **Adams County Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **Aquilla Staniford** **9**

13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

14. Maiden name **Minerva Burcham**

15. Birthplace **Mendon Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Guy Fields**
(b) Address **Wyacoda, Mo.**

17. (a) **Burial** (b) Date thereof **May 15 '47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Cemetery**

18. (a) Signature of funeral director **W. W. Jennings**

(b) Address **W. W. Jennings**

19. (a) **5/15/47** (b) **W. W. Jennings**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th**
year **1947** hour **1:46** minute **28** M.

21. I hereby certify that I attended the deceased from **July 10 1946** to **May 13 1947**
that I last saw her alive on **May 12 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**
Due to **Arteriosclerosis** **10 yrs**

Due to _____

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

Major findings: Of operations _____

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) **no**
(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 **()**

23. Signature **W. W. Jennings** (M. D. or other) **5/15/47**
Address **W. W. Jennings** Date signed **5/15/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 4-47-838
Date Filed MAY 15 1947

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..... *Geo. J. Waskett*
Licensed Embalmer No. *1517*
P. O. Address..... *1140 - 10th Ave*

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.