

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36871

FILED AUG 16 1947
 Registration District No. **247**

Primary Registration District No. **4366**

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

1. PLACE OF DEATH:
 (a) County **Newton**
 (b) City or town **Granby**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **30 Years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Newton**
 (c) City or town **Branby**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Home**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **VERNIE MAY WILLIAMS**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**
 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 **June 15 1888**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **1**
 year **1947** hour **10** minute **50** P.M.
 21. I hereby certify that I attended the deceased from **May 1 1947** to **Aug 1 1947**
 that I last saw her alive on **Aug 1 1947**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	59	1	16	hr. _____ min. _____

Immediate cause of death **Cancer stomach Feb Mar.**
 Duration _____

9. Birthplace **Granby Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **House wife**
 11. Industry or business **Own home**
MOTHER, FATHER
 12. Name **Edward Rayburn**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Sparks**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: **4th B**
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Bill Williams**
 (b) Address **Granby, Missouri**
 17. (a) **Burial** (b) Date thereof **Aug 4 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Granby Cemetary**
 18. (a) Signature of funeral director **John B. Popinarian**
 (b) Address **Goodman, Missouri**
 19. (a) **8-4-1947** (b) **M. L. Young**
(Date received local registry) (Registrar's signature)

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 **Dr. Rolius** (M. D. or other) _____
 Address **Branby Mo.** Date signed **8.4.47**

RECEIVED

Health Officer No. Newton

File No. 847-15P

Date Filed Aug 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 John B. Papineau
Licensed Embalmer No. 4446
P. O. Address Goodman Me

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.