

FILED AUG 16 1947

State File No.

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 98

1. PLACE OF DEATH:
(a) County Missouri Pulaski
(b) City or town Swedenborg Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mollie ANN WILLIAMS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 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 Mar 22 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Carmack

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

14. Maiden name Anna Turpin

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

16. (a) Informant Maye Williams

(b) Address Swedenborg Mo

17. (a) Burial (b) Date thereof 7/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director R. B. Turpin

(b) Address Richland Mo

19. Aug 16 1947 (b) Mollie C. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pulaski 85
(c) City or town Swedenborg Mo.
(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
20. DATE OF DEATH: Month July day 26
year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 1, 1947 to July 24, 1947
that I last saw her alive on July 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction
Renal disease
Due to Essential hypertension
and renal disease. 20 yrs.
Due to _____

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

Major findings: _____
Of operations: ✓
Of autopsy: ✓ gsk

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)
(c) Means of injury 2
23. Signature John A. Michalovich (D. or other) D.O.
Address Crocker Mo Date signed 7-27-47

AUG 19 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.....

Licensed Embalmer No.....

P. O. Address.....

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.