

No. 300
M-10-47
5-17-39
I 3908

FILED FEB 4 1948
Registration District No. 257

Primary Registration District No. 4214

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Deepwater Mo.
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location) 3

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Georgiana Williams

(b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1948 hour 10 minute 30 A.M.

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: Feb. 24 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12, 1948, to Jan 22, 1948, that I last saw her alive on Jan 21, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 10 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Thrombosis Duration 10 days

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

Due to Hypertension
Stroke

Due to _____

10. Usual occupation Housewife

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

Major findings: § 13 B

11. Industry or business _____

12. Name Wm. J. Baker

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

14. Maiden name Haney Coyle 9

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy _____

16. (a) Informant Tha. Harry Williams

(b) Address Deepwater, Mo

17. (a) Burial (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem. Cuba Mo

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? _____

18. (a) Signature of funeral director John Howard

(b) Address Deepwater, Mo

19. (a) 1-24-48 (b) R R Kanner
(Date received local registrar) (Registrar's signature) 78

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature D. C. Townsend (M. D. or other) NO

Address Deepwater Mo Date signed 1-23-48

RECEIVED

District Health Officer No. 7,

District File Number 1-48-13

Date Filed 3-3-48

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater Md

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.