

FILED MAR 19 1948

Registration District No. 5

Primary Registration District No. 4081

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County CARROLL  
(b) City or town Bosworth 7770  
(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 Lydia Elizabeth Williams

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Arthur E. Williams 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased March 29 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FRICLETT MO (City, town, or county) (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business J. H. HEISEL

12. Name JACOB HEISEL

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

14. Maiden name ELLEN RICHARD

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

16. (a) Informant ARTHUR B. WILLIAMS

(b) Address Bosworth mo

17. (a) BURIAL (b) Date thereof March 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Biscree Cemetery

18. (a) Signature of funeral director Edward J. Edwards

(b) Address Bosworth mo

19. (a) 3-10-1948 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL  
(c) City or town Bosworth  
(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 March day 7  
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 6, 1948, to March 7, 1948,  
that I last saw her alive on March 6, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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 2

23. Signature Dr. Alvin A. Welch II (M. D. or other) DO

Address Hale, Mo Date signed 3-9-48

RECEIVED

District Health Officer No: (3)

District File Number \_\_\_\_\_

Date Filed 3-18-48

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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.**