

S. No. 2
M-5-43
5-17-39
X3667

State File No. _____

FILED JUN 22 1948

Registration District No. _____ Primary Registration District No. 3019 Registrar's No. 67

29205
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas

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

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

(d) Length of stay: In hospital or institution 27 Days (Specify whether years, months or days)

In this community 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remick

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles south of Wardell, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EMMA WILLIAMS

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Williams

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

7. Birth date of deceased 9 27 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1948 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 6-12, 1948, to 6-14, 1948.

that I last saw her alive on 6-14, 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death: Carcinoma of the rectum metastasis to uterus and liver

Due to _____

Due to _____

9. Birthplace Kosciusko Miss
(City, town, or county) (State or foreign country)

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

Duration _____

10. Usual occupation Housekeeper

PHYSICIAN

Major findings: _____

Of operations: 46

Of autopsy: _____

Underline the cause to which death should be charged statistically.

11. Industry or business None

12. Name Emma Emma

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

14. Maiden name Carrie Malou

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

16. (a) Informant Marie F. Williams

(b) Address Wardell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Wardell Mo

18. (a) Signature of funeral director F. J. Smith

(b) Address Kennett Mo

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature L. C. Wilson (M. D. or other) _____

Address Kennett Mo Date signed 6-14-48

19. (a) 6-17-1948 (Date received local registrar)

(b) Carl Husband (Registrar's signature)

RECEIVED
District Health Office No. 2,
District File Number 648-281
Date Filed 6-19-48

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

Jack Kelley

Licensed Embalmer No.

3788

P. O. Address

Hayti Mo

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.