

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

1. PLACE OF DEATH:

(a) County **PIKE**

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

(c) Name of hospital or institution **3**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike 82**

(c) City or town **Bowling Green Rural 0**
(If outside city or town limits, write "RURAL")

(d) Street No. **J** (If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Dorothy Evelyn Williams**

3. (b) If veteran, name war **7**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Richard Glen Williamson**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **June 17 1912**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	11	14	hr. min.

9. Birthplace **Pike Co Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James Dixon**

13. Birthplace **Rockbridge Ill 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie M. Dixon**

15. Birthplace **Pleasant Hill Ill 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glen Williamson**

(b) Address **Bowling Green Mo**

17. (a) **Burial** (b) Date thereof **6-4-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Mo**

18. (a) Signature of funeral director **W. B. ...**

(b) Address **Bowling Green Mo**

19. (a) **6-12-48** (b) **Bill Robinson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**
year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**
in left breast

Due to _____

Due to _____

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

Major findings: Of operations **16**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **June 1 1948**

(c) Where did injury occur **Bowling Green Pike Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on farm in pasture**
(Specify type of place)

While at work? **no** (e) Means of injury **myocardial infarction**

23. Signature **S. A. ...**

Address **Locust ...** Date signed **6-12-48**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 6-48-1
Date Filed JUN 18 1948

JUN 18 1948

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.....

Harold C. Kirk

Registered Apprentice No. 4

working under my personal supervision.

Signed

Grace M. Tompkins

Licensed Embalmer No. 2904

P. O. Address Bowling Green 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.