

No. 30099
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30099**
Registrar's No. **206**

FILED SEP 22 1948
Registration District No. **757**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McCune Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community **70 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Boston**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Anna Williams**
3. (b) If veteran, **No** name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **A. Y. Williams**
6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **November 9 1864**
(Month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **5**
If less than one day hr. min.

9. Birthplace **California** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Joseph Garrett**
13. Birthplace **Paris Brance**
(City, town, or county) (State or foreign country)
14. Maiden name **Marcia Beard**
15. Birthplace **Liverpool England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Alva G. Williams**
(b) Address **Lincoln, Neb.**

17. (a) **Burial** (Burial, cremation, or removal)
(b) Date thereof **Sept 16 1948**
(Month) (Day) (Year)
(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **Chiles Funeral Home**
(b) Address **Lamar, Mo.**

19. (a) **9-18-48** (Date received local registrar)
(b) **L. B. Cantor** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **14**
year **1948** hour **8:00** minute **15A** M.
21. I hereby certify that I attended the deceased from **11th**
2 **Sep** 1948, to **14 Sept** 1948,
that I last saw him alive on **13 Sept** 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**
Due to **Atherosclerosis + hypertension** Unknown

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

PHYSICIAN
Major findings:
Of operations **834**
Of autopsy _____
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 _____
23. Signature **L. B. Cantor** (M. D. or other) **M.D.**
Address **Carthage, Mo.** Date signed **16 Sept 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 Clarence W. Chile
Licensed Embalmer No. 3473
P. O. Address Lamo, 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.