

Registration District No. 47

Primary Registration District No. 2008

Registrar's No. 371

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution State Hospital no 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 9 months
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town morley
(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 _____

3. (a) PRINT FULL NAME VINA WILLIAMS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1948 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 9
1948 to Dec 28 1948

that I last saw her alive on Dec 27 1948
and that death occurred on the date and hour stated above.

4. Sex f 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Andrew Williams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 5 1899
(Month) (Day) (Year)

Immediate cause of death Cancer of Uterus

Due to _____

Due to _____

8. AGE: Years 49 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

Major findings: Of operations H&P

Of autopsy _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Shuman Lawrence

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

14. Maiden name Sarah Ribens

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

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 _____

16. (a) Informant Records State Hosp

(b) Address Wilton

17. (a) Revival (b) Date thereof Jan 2-49
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Dyersburg, Tenn.

18. (a) Signature of funeral director Warren Fisher

(b) Address Dyersburg, Tenn

19. (a) Dec 29 1948 (b) Jode Mosehoff
(Date received local registrar) (Registrar's signature)

Signature R. L. Lucas (Physician or other) _____

Address Gullett, Mo _____

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 6 1949

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..... *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.