

No. 2  
-12-45  
-17-39  
X47070

43329

FILED JAN 2 1947  
Registration District No. 586

Primary Registration District No. 6240

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: Wash Rural Hosp P.O. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. near 15000th mo. P.O. (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lilla M. 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 Widowed

6. (b) Name of husband or wife John W. Williams 6. (c) Age of husband or wife if alive 69 years

Birth date of deceased Feb 4 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 10 8 hr. min.

9. Birthplace Phelps Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Christopher C. Statler

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

14. Maiden name Lucia Statler

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

16. (a) Informant John W. Williams

(b) Address 13000th mo

17. (a) Burial (b) Date thereof 12-13-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Mo

18. (a) Signature of funeral director Miss Lillian Sparks

(b) Address Rural Mo

19. (a) 12-23-46 (b) Olla White (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1946 hour 13 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 11 1946, to Dec 19 1946 that I last saw her alive on Dec 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute Colitis

Due to locked bowels

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 120A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 at Statler (M.D. or other) \_\_\_\_\_

Address Rural Mo Date signed 12-19-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Health Officer No. 4  
District File Number 1246-3046  
Date Filed 12-31-46

JAN 13 1947

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 Murphy L. Sparks  
Licensed Embalmer No. 4236  
P. O. Address Port River 9260

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.