

FILED FEB 15 1943 297
Registration District No. _____

Primary Registration District No. 6022

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rayville (rural) Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 miles east of Rayville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rayville (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 miles east
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALICE PARKER WILLIAMS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank A. Williams 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased January 10, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 - 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Newton J. Parker
13. Birthplace Rayville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Crowley
15. Birthplace Rayville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clay Alder
(b) Address Rayville, Missouri
17. (a) Burial (b) Date thereof Feb. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rayville, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.
19. (a) FEB 6 1943 (b) Mrs. Shao W. Shappard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th
year 1943 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-15-41, 19____, to 2-5-43, 19____;
that I last saw her alive on 2-4-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to _____
Due to _____

Other conditions Mitral Stenosis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
107

PHYSICIAN
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) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Richmond, Mo. Date signed 2-8-43

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

89
00

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-13-43

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, ~~for~~ by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2073.....

P. O. Address..... Richmond, Missouri

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.