

UG 23 1940

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Fifty Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) Wales
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Ann Daniels Williams

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased August 25, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 10 If less than one day hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Benjamin Daniels

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

14. Maiden name Elizabeth Thomas

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

16. (a) Informant's own signature Marye Williams

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof July 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo. Cemetery

18. (a) Signature of funeral director J. B. Thomas
(b) Address Richmond Mo.

19. (a) July 9 - 40 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 7 day 7
year 1940 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Jan 14, 1940, to July 1, 1940
that I last saw her alive on July 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis ?

Due to arteriosclerosis

Due to Senility

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy no

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? _____

White at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Stuart G. Smith (M. D. or other)

Address Richmond Mo Date signed 7/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 21 1957

RECEIVED
District Health Officer No. 8,
District File Number 8-13-49
Date Filed

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.....

J.B. Brothers Funeral Home

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed *J.B. Brothers*
.....
Licensed Embalmer No. **3001**

P. O. Address **Richmond 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, above space should be left blank.