

FILED MAR 24 1955

Registration District No. 247

Primary Registration District No. 4446

Registrar's No. _____

1. PLACE OF DEATH

(a) County Ray
 (b) City or town Hardin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 mi north
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 18 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
 (c) City or town Hardin
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 mi north
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA BELLE WILLIAMS

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

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jacob A. Williams 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased: Sept 2 1897
(Month) (Day) (Year)

8. AGE			If less than one day	
Years	Months	Days	hr.	min.
<u>49</u>	<u>11</u>	<u>5</u>		

9. Birthplace: Carden MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John E. Cross

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

14. Maiden name Margaret Pemberton

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

16. (a) Informant Jacob A. Williams

(b) Address Hardin, MO

17. (a) Burial (b) Date thereof 9-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, MO

18. (a) Signature of funeral director James E. Campbell

(b) Address Hardin, MO

19. (a) _____ (b) John A. Bridger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
 year 1947 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 8/7/47 to 8/7/47
 19____ to 19____
 that I last saw her alive on 8/5/47 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to Chronic Hypertension
Nephritis
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration P

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) (e) Means of injury _____

23. Signature E. B. Jay (M. D. or other) MD
 Address Richmond, MO Date signed 9/8/47

WRITE PLAINLY—USE UNFOLDED PAPER—MAKE A PERMANENT RECORD

MAR 24 1956

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

L. J. McLean

..... Licensed Embalmer No. 29 83

..... P. O. Address Leighton Pa

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.