

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28118
Registrar's No. 25

FILED AUG 20 1946

Registration District No. 296

Primary Registration District No. 6019

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural, Orrick Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles North West Orrick, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 67-3-7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural, P.R.I.
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles North West, Orrick, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ANNA BUIST WILLIAMS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1946 hour 11 minute 40 P.M.
21. I hereby certify that I attended the deceased from Coroner, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Stephen H. Williams 6. (c) Age of husband or wife if years
7. Birth date of deceased May 4 1879
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name James Buist 4
13. Birthplace Imboun Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Woods
15. Birthplace Monroe Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: a few
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Flossie Williams
(b) Address Orrick, Mo. P.R.I.

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?

17. (a) Burial (b) Date thereof Aug. 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery, Ex. 10

18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs, Mo
19. (a) 8-10-46 (b) Nelso J. Hoskin
(Date received local registrar) (Registrar signature)

(Specify type of place) 3
While at work? (c) Means of injury
23. Signature J.F. Baber, Ray Co Coroner
Address Plummer Mo Date signed 8-6-46

072 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer NB: 8

District File Number

Date Filed

8-12-46

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Evolution Springs, Va

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.