

FILED MAR 14 1945

Registration District No. 297

Primary Registration District No. 6021

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Braymer, (Grape Grove Twn)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Braymer (rural)
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sudie Alice Williams

3. (b) If veteran, name war --

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Jan 26th, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>1</u>	<u>8</u>	hr. _____ min.

9. Birthplace Harrison County Ky
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business _____

MOTHER FATHER

12. Name John Samuel Williams

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

14. Maiden name Sarah Redmond

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

16. (a) Informant John Williams

(b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 3-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Missouri

19. (a) 2-6-45 (b) Mrs. Harold Sheppard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th
year 1945 hour 2 minute 00a M.

I hereby certify that I attended the deceased from January 20, 1945 to Nov 4, 1945
that I last saw the deceased alive on Oct 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Arterio Sclerosis aorta

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: None

Of operations: None

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur at or about home, on farm, in industrial place, or public place? None

While at work? None (Specify type of place) _____
Means of injury _____

23. Signature Dr. Paul B. Shook (M.D. or other) _____
Address Braymer Mo Date signed 3-6-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

29
0
0

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3/13/50

MAY 19 1950

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 Bernard J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.