

FILED APR 21 1945

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town California, Mo. Walker  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gen Deliv. California, Mo. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Williams

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 20 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
98 7 29 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Narcisis Clark  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertie M. Williams

(b) Address California Mo

17. (a) Burial (b) Date thereof Apr. 8. 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo. Camt

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) 4-7-45 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 138  
(c) City or town California, Mo. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Gen Del California 2  
(If rural, give location)  
(e) Citizen of foreign country? No 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month April day 6  
year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1  
1945 to April 6 1945  
that I last saw her alive on April 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature Rayn Latham (M. D. or other) \_\_\_\_\_  
Address California, Mo. Date signed 4-7-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-23-45

APR 30 1945

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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California 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, fact should be so stated above.