

FILED APR 24 1945

Primary Registration District No. 3046

Registrar's No. 240

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

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.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Del California
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

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 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. 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.

8. AGE:

Years	Months	Days	If less than one day
98	7	29	hr. _____ min.

Immediate cause of death Chronic Myocarditis

Duration 6 months

Due to _____

Due to _____

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

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER {

12. Name Unknown

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

14. Maiden name Narcisis Clark

15. Birthplace Unknown
(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) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 0

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

1312

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filled 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. Bowler

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.