5-17-39	FILED FEB 20 1947 THE STATE BOARD OF FEB 20 1947		559
I X36671	Registration District No	ct No. 6131 Registrar's No.	***********
_	1. PLACE OF DEATH,	2. USUAL RESIDENCE OF DECEASED:	
0/ 🖁	(a) County Swarn Howell (b) City or town Teresita, MO	(a) State Missouri (b) County Shanno	
PERMANENT RECORD	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town Teresita, Mo (If outside city or town limits, write "RURAL	<i>O</i>
, T)	(If not in hospital or institution, write street number or location)	(d) Street No. Sural (If rural, give location)	
NE	(d) Length of stay: In hospital or institution. NO (Specify whether In this community. 35 Years	(e) Citizen of foreign country?	(Yes or No)
SMA	years, months or days)	If yes, name country	
PEI	3. (a) PRINT HODERT Williams	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Jan day 29th	
E A	3. (b) If veteran, 3. (c) Social Security	year 1947 hour 6 minute.	
IAK	name war NO No No Of (a) Single, widowed, married.	21. I hereby certify that I attended the deceased from	
Š	5. Color or 6. (a) Single, widowed, married, divorced Married	that I last saw h alive on	
Z	6. (b) Name of husband or wife 6. (c) Age of husband or wife if Ethel Williams alive 31 years	and that death occurred on the date and hour stated above.	Duration
\CK	7. Birth date of decrased May 16th 1911	Immediate cause of death	
BL.	(Month) (Day) (Tear)	Rilled - Cyclone	
ING	8. AGE: Years Months Days If less than one day	Due to	
UNFADING BLACK INK-MAKE	9. Birthplace Missouri 0	Due to	<u> </u>
S	(City, town, or county) (State or foreign country) 10. Usual occupation "Arming"	Other conditions.	
USE	11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
WRITE PLAINLY—USE	S 12. Name Charley williams 11 3 12	Major findings:	Underline
	Arksness (City, town, or county) (City, town, or county) (State or foreign country) (14. Maiden name Mary McClelland	Of autopsy 10	the cause to which death should be
PL.	E4		charged sta- tistically.
ertre	16. (a) Informant Mrs Jess-Urchard (State or foreign country)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	101
W	Teresite No	(b) Date of occurrence	
	17. (a) Burial (b) Date thereof Feb. 2'47 (Burial, cremation, or removal) (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in	(State) public place?
₽	(c) Place: burial or cremation Plan ims Tast	(Specify type of place)	
	18. (a) Signature of funeral director. Address Mountain V. ew. 1910	While at work? (e) Means of injury.	c 3
	19. (a) 1-14-47 (b) Weeled (Care) (Registrar reignature)	23. Signature Kraule 123 de (M. D. or o	
	30% (Licensed Embalmer's Statement on Reverse Side)		

STATEMENT RY LICENSED EMBALMER

Cale I manufacture in the Cale I manufacture			
	<i>≯•</i>		
I hereby certify that the body whose name is recorded on the re	everse side of this certificate was embalmed by me, or by		
	, Registered Apprentice No,		
working under my personal supervision.	Signed John F Alman.		
	Licensed Embalmer No. 25/6.		
	P. O. Address Olustaria View 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.