

3. No. 2
A-5-43
5-17-39
I X38671

FILED FEB 20 1947

Registration District No. **1847**

Primary Registration District No. **6131**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Shannon**
(b) City or town **Teresita, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO**
(Specify whether years, months or days) **27 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon** / 0 /
(c) City or town **Teresita, Mo** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **rural** 6
(If rural, give location) 0
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Susan Ethel Williams**

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

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert Williams** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **March 29th**
(Month) (Day) (Year)

8. AGE: Years **31** Months **10** Days **0** If less than one day hr. min.

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

MOTHER FATHER

11. Industry or business _____
12. Name **Jessie Orchard**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Margret Plew**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Margret Orchard**
(b) Address **Teresita, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 2 47** (Month) (Day) (Year)

(c) Place: burial or cremation **Pilgrim nest**

18. (a) Signature of funeral director **John J. Hyman**
(b) Address **Mountain view, Mo**

19. (a) **2/14/47** (Date received local registrar) (b) **Mobile Rose** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan 29th** year **1947** hour **6** minute _____ p.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Killed in Cyclone

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
157-6
11

Duration

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 _____

23. Signature **Frank Hyde** (M. D. or other) **Carmer**
Address _____ Date signed **2-30-47**

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

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 Joe R. Lussman
Licensed Embalmer No. 4325
P. O. Address Mountain 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.