

No. 2
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2827

Registration District No. 1159

Primary Registration District No. 5549

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Bellevue
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Piedmont
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Jane Williams

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

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

6. (b) Name of husband or wife W. E. Williams

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

7. Birth date of deceased Sept. 27 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 27 If less than one day hr. _____ min.

9. Birthplace Ste. Genevieve Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER {

12. Name Issac Parks

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

14. Maiden name unknown

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

16. (a) Informant S. B. Reed

(b) Address Bellevue Mo.

17. (a) burial (b) Date thereof 1/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont Mo.

18. (a) Signature of funeral director Norman White & Son

(b) Address Asw White Ironton Mo.

19. (a) Feb 8 - 1941 (b) Mrs. J. A. Townsend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1941 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan. 18, 1941, to Jan. 24, 1941; that I last saw her alive on Jan. 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Duration 1 wk.

Due to _____

Due to _____

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

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? 256

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ben H. Bull (M. D. or other) M. D.

Address Ironton, Mo. Date signed 1-29-41

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.....

Lyle W. White....., Registered Apprentice No. 277
working under my personal supervision.

Signed Lyle W. White

Licensed Embalmer No. 3012

P. O. Address Shelton, Conn.

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.