

FILED MAR 24 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1314 North 12th. St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **About 40 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **Saint Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1314 North 12th. Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**  
year **1945** hour **12** minute **010** M.  
21. I hereby certify that I **viewed** the deceased **on**  
**Mar 7 th** 19**45**  
that I last saw **the deceased** \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral Hemorrhage** **1 day**  
Due to **General Arteriosclerosis**

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

Major findings:  
Of operations **83a!**  
Of autopsy **no**

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 **H F Mundy** (M. D. or other) **Coroner**  
Address **404 So 3d St** **St. Joseph** Date signed **25-42**

3. (a) PRINT FULL NAME **Lizzie Williams.**

3. (b) If veteran, name war **None.** 3. (c) Social Security No. **None.**

4. Sex **Female** Color or Race **Negro** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **W.M. Williams** 6. (c) Age of husband or wife if deceased **deceased** alive \_\_\_\_\_ years

7. Birth date of deceased **December 1st, 1876**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Domestic.**

11. Industry or business **None.**

12. Name **Charles Clark**

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

14. Maiden name **Mary Tolson**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Hatcher.**

(b) Address **709 North 19th, Street.**

17. (a) **Bural** (b) Date thereof **3/9/1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Mora**

18. (a) Signature of funeral director **Ramsey & Son**

(b) Address **1602 Messaria**

19. (a) **Mar 9 1945** (b) **H F Mundy**  
(Date received local registrar) (Registrar's signature)

**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 \_\_\_\_\_

J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1603 Medina

**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.**