

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community about 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Kennedy
(If rural, give location)
(e) Citizen of foreign country? (No)
If yes, name country _____

3. (a) PRINT FULL NAME Susie Alma Williams

3. (b) If veteran, name war 700 3. (c) Social Security No. 700

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced MO

6. (b) Name of husband or wife Charlie Williams 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan 21 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George W. Pumphery

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

14. Maiden name Mary Butts

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

16. (a) Informant Death Williams

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 3-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Clarence Richard

(b) Address Excelsior Springs, Mo.

19. (a) 3-14-42 Mrs. Laddie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1942 hour 12 A.M. minute noon M.

21. I hereby certify that I attended the deceased from 3-12-42 to 3-13, 1942
that I last saw h. or alive on 3-13/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Shock from Fall

Due to Fracture humerus left arm
Fracture left wrist
Fracture left tibia
dislocated left shoulder

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

Major findings: Of operations 1/86 a

Of autopsy 0

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) accident 24

(b) Date of occurrence _____

(c) Where did injury occur? home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home feet from porch
(Specify type of place)

While at work? SK M Coaster (e) Means of injury DM 5

23. Signature SK M Coaster (M. D. or other) DM 5

Address Excelsior Springs Mo Date signed 3/14/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 4-9-42

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.....

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.