30136

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: (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) 75 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 331 - W. Franklin (If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Elizabeth Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edgar C. Williams

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

7. Birth date of deceased April (Month) 16 (Day) 1867 (Year)

8. AGE: Years 75 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business ✓

FATHER
12. Name James P. Withers
13. Birthplace Clay Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E. McNerly
15. Birthplace Clay Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Edgar Williams

(b) Address 331 - W. Franklin, Liberty, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Liberty, Mo

18. (a) Signature of funeral director Claude Wilson Co.

(b) Address Liberty Mo

19. (a) Sept. 26, 42 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1942 hour 3 minute 0 A M.

21. I hereby certify that I attended the deceased from Sept. 21, 1940 to Sept 26, 1942 that I last saw her alive on Sept 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Artero Sclerosis	5 yrs
Due to Fractured Right Thigh	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Burton Maltby (M. D. or other) M.D.

Address Liberty Mo Date signed 26-9-42

926 (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-8-42

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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, above space should be left blank.