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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10645

FILED APR 7 1943

Registration District No. 799 Primary Registration District No. 3023 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 709 N. Washington 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 Johnson 51 2

(c) City or town Warrensburg 2 (If outside city or town limits, write "RURAL")

(d) Street No. 709 N. Washington (If rural, give location)

(e) Citizen of foreign country? (~~Yes~~ or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sarah Jane Williams

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James R. Williams

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb (Month) 11 (Day) 1869 (Year)

8. AGE: Years 74 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Albert L. Manis
13. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Martha Rymer
15. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Mrs. Delia Morgan

(b) Address Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 15 (Day) 1943 (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo

19. (a) Mar 15 1943 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Feb 7, 1943, to Mar 14, 1943 that I last saw her alive on Mar 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cholecystitis

Due to Biliary Calculus impacted in Common duct

Due to

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Of operations no Operation

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wm R Patterson (M. D. or other)

Address Warrensburg Mo Date signed 3-15-43

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-5-43

NOV 18 1952

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 R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.