

FILED FEB 11 1944

State File No.

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. 0
(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) 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin Pittsburg
(If outside city or town limits, write "RURAL")
(d) Street No. St. Johns Hosp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mrs. Sarah 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, widowed 2 divorced, widowed
6. (b) Name of husband or wife E. A. Williams 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased November 19, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Burrus
(b) Address Joplin Mo

17. (a) Burial (b) Date thereof 1/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Mo.

18. (a) Signature of funeral director W. K. Kibben, Funeral Home

(b) Address Pittsburg, Kansas

19. (a) 1-24-44 (b) Arthur S. Sudhoffs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1944 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from January 5, 1944 to Jan. 24, 1944
that I last saw her alive on Jan. 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration 3 weeks

Due to Contributing: Hypertension 10 yrs?

Due to Contributing: Diabetes mellitus 10 yrs?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
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?

While at work? (Specify type of place) (a) Means of injury.

23. Signature O. T. Blake (M. D. or other) M. D.
Address 775 Union Bldg., Joplin Mo. Date signed 1-24-44

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

44-61

6-7-61
Mrs. F. M. B. B. B.

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 *W. E. Sumner*

Licensed Embalmer No. *3007*

P. O. Address *Pittsburg Kansas*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. 1 day (Specify whether
In this community 3 wks.
years, months or days)

3. (a) PRINT FULL NAME Sarah Williams

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Nov. 19-1885
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days _____ (less than one day) _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) (NO Information)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-16-44 (b) Gertie Schaeffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Year 1944 Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

3274