

FILED AUG 3 1944
Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 106

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: 514 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 61 years, 7-8 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 514 Park & Sps.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA WILLIAMS

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

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

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

7. Birth date of deceased Nov. 28 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

12. Name Jermiah Williams

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

14. Maiden name Sarah Jane Weatherington

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

16. (a) Informant Carrise Williams

(b) Address 514 Park, Et Sps.

17. (a) Burial (b) Date thereof 7/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Ceme.

18. (a) Signature of funeral director Herbert Hooper

(b) Address Excelsior Springs

19. (a) 7-8-44 (Date received local registrar) W. S. Saper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1944 hour 4:58 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 10, 1944 to July 6, 1944
that I last saw her alive on July 4 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 1 1/2 years

Due to _____
Due to Hof

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy none made

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 Phur J. Quaco (M. D. or other) M.D.
Address Excelsior Springs, Mo. Date signed 7/4/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-3-44

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.