

FILED APR 23 1945

State File No. \_\_\_\_\_

Registration District No. 5

Primary Registration District No. 4014

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Saffax, Mo.  
(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 27 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sarah Elizabeth 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

6. (b) Name of husband or wife John Williams (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Feb. 28 - 1876  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation House-keeper.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Cates  
13. Birthplace Kentucky  
14. Maiden name Samara Steele  
15. Birthplace Nashville, Tenn.

16. (a) Informant Mrs. Mary Cowles  
(b) Address Saffax, Mo.

17. (a) Pleasant Ridge (Burial, cremation, or removal) (b) Date thereof Mar. 28-1945 (Month) (Day) (Year)  
(c) Place: burial or Pleasant Ridge Cemetery

18. (a) Signature of funeral director H. H. Schooker  
(b) Address Saffax, Mo.

19. (a) Mar. 29 1945 (Date received local registrar) (b) Mrs. H. O. Cunningham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Atchison  
(c) City or town Saffax (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 March day 25 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7 Apr - 1945 to March 25, 1945, that I last saw her alive on March 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary  
occident  
heart attack 15 min. Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension, cholelithiasis  
(Include pregnancy within 6 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 12/1

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 H. E. Bowman (M. D. or other) MD.  
Address Saffax, Mo. Date signed 3/27/45

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

**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 me  
; Registered Apprentice No. 1662  
working under my personal supervision.

Signed N. N. Schoolers  
Licensed Embalmer No. 1662  
P. O. Address Fairfax, 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.**