S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40870

FILED JAN 11 1946

Registration District No. ____ Primary Registration District No. 4097 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 407 Green St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At Home (Specify whether
In this community 44 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Harrisonville Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Green Street 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Tyler Elsworth Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Florence Cummings
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 26 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Cass County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer, retired 2 years.
11. Industry or business
MOTHER FATHER
12. Name Isaac Williams
13. Birthplace No record. (City, town, or county) (State or foreign country)
14. Maiden name Susan Castledevy
15. Birthplace No record. (City, town, or county) (State or foreign country)
16. (a) Informant Reuben Williams
(b) Address 2011 Jefferson St K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Atkinson Bro.
(b) Address Harrisonville, Mo.
19. (a) Dec 27-45 (Date received local registrar) (b) Laura J. Jones. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 26
year 1945 hour 4, minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec. 24, 1945, to Dec. 26, 1945
that I last saw him alive on Dec. 24 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	sudden
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

Heart

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 J. S. Triplett M.D. (M. D. or other)
Address Harrisonville, Mo. Date signed 12/26/45

1433 (Licensed Embalmer's Statement on Reverse Side)

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~~ personally

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.