

S. No. 2  
M-8-43  
S. 5-17-39  
P. 1 X37823

State File No. 13676  
Registrar's No. 48

FILED MAY 27 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 3032

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

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:  
Warrensburg Church  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 27 years  
years, months or days)

3. (a) PRINT FULL NAME ELIZA BELLE WILLIAMS  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Calvin Williams 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased December 10 1883  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business same

MOTHER FATHER  
12. Name George Kinder 9  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Etta Canada 4  
15. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Uis Goodwin

(b) Address Centerview, mo

17. (a) Rural (b) Date thereof April 29 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerview, mo

18. (a) Signature of funeral director Canada & Kopp

(b) Address Hollers, mo

19. (a) Apr 30 1946 (b) Sacinal Crestoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 2 Centerview  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XXX

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 27  
year 1946 hour 4 minute A M.  
21. I hereby certify that I attended the deceased from 4-18-46, 19\_\_\_\_, to 4-27-46, 19\_\_\_\_;  
that I last saw h alive on 4-27-46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coccaroma breast  
Duration 2

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 50  
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 0  
23. Signature R J M (M. D. or other) MD  
Address Warrensburg, mo Date signed Apr 30 1946

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**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..... *M. L. Canaday* .....

Licensed Embalmer No..... *3434* .....

P. O. Address..... *Holmen, 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.**