

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

Registration District No. 247

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5834

14375
State File No. _____
Registrar's No. 5

1. PLACE OF DEATH:

(a) County Newton
(b) City or town R.R. # 1 Diamond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town P. R. # 1 Diamond 0
(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 _____

3. (a) PRINT FULL NAME Sarah Ann 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 10 16 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Self

12. Name William Owens

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

14. Maiden name Nancy Ann Richmond

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

16. (a) Informant Mrs Ruth White

(b) Address R.R. # 1 Diamond, Mo.

17. (a) Burial (b) Date thereof April 6th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Chapel

18. (a) Signature of funeral director Bipam Mortuary

(b) Address 200 E. Spring St. Neosho

19. (a) May 6th 1947 (b) Mrs. Albe Parrell
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1947 hour 2.45 minute A.M. M.

21. I hereby certify that I attended the deceased from Mar 20, 1947, to Apr 5, 1947.
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrhythmia Duration 2 1/2

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 E. E. Ralston (M. D. or other) _____

Address Neosho Mo Date signed 4.4.47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. Newman
District File Number 547-96
Date Filed 5-12-47

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.

There was no Embalming, Due to Family request,

Signed Biglam Mortuary

Licensed Embalmer No.....

P. O. Address neasho 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.