

FILED JUN 2 1947

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 67

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: 504 Summit
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community Lifetime (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
 (c) City or town Excelsior Springs 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 504 Summit 1
 (If rural, give location) 9
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Jesse Williams

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rachel 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased June 29 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 10 hr. min.

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

10. Usual occupation Mine operator & dairyman

11. Industry or business

12. Name L. J. Williams
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Carrie LaSeur
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jesse Williams
 (b) Address Excelsior Springs, Missouri

17. (a) Burial (b) Date thereof 5-12-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Prichard
 (b) Address Excelsior Springs, Missouri

19. (a) 5/12/47 (b) Caroline Hutchings
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
 year 1947 hour 1 minute 45 p.M.

21. I hereby certify that I attended the deceased from 5/25 1947 to May 9 1947
 that I last saw him alive on 5/9 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion
 Due to Gen. Arteriosclerosis
 Due to Diabetes
 Other conditions Scurvy
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 .. Of operations.....
 Of autopsy.....

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 C. E. Prichard (M. D. or other)
 Address Excelsior Springs, Mo Date signed 5/12/47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-29-47

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.

Signed..... Albert E. White

..... Licensed Embalmer No. 4168

P. O. Address Excelsior Spgs 72

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.