

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41179

State File No.

Registration District No. 71

Primary Registration District No. 4128

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Missouri City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri City Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 24
(c) City or town Missouri City 0
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SALLIE WILLIAMS

3. (b) If veteran, name war no 3. (c) Social Security No. 20

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jefferson Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 23 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name Harry C. Everett 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Rhoda Everett 0
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ray Williams
(b) Address Missouri City Mo.

17. (a) burial (b) Date thereof 02/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Church & Archer Co
(b) Address Liberty Mo.

19. (a) 12/18/47 (b) Baroline Hutchings
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1947 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 37 to Dec 5, 1947
that I last saw h. w alive on Dec 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Duration 18hr.

Due to Hypertension Indef.

Due to _____

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

Major findings:
Of operations none
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 _____

23. Signature Clara W. Henderson (M. D. or other) MS
Address Liberty, Mo. Date signed 12/6/47

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 12-27-47

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 John S. Lombard
Licensed Embalmer No. 4448
P. O. Address Liberty 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.