. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13115

FILED MAY 5 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2215 Empire
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISOURI (b) County JASPER 49

(c) City or town JOPLIN 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2215 Empire 5
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SARAH B. 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 AUGUST (Month) 4 (Day) 1850 (Year)

8. AGE: Years 97 Months 9 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace SPRINGFIELD (City, town, or county) MISSOURI (State or foreign country) 6

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name DAVIS GUINN 6
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant MRS. THERESA RENBERGER
(b) Address 2629 Byers, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 4-12-48 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 123

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr - day 7
year 1948 hour 10:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Apr - 7, 1948 to Apr - 7, 1948 that I last saw him alive on 4-17-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Lobe

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature C C Cast (M. D. or other)
Address Joplin Mo Date signed 4-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-4-350

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.