S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 25 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 19766

Registrar's No. 176

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1337 S. Main Indep. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1337 So. Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48
4
4
0

3. (a) PRINT FULL NAME Sarah E. Williams
3. (b) If veteran, name war ----------
3. (c) Social Security No. ----------
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward H. Williams
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 22, 1879 (Month) (Day) (Year)

8. AGE: Years 69 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace ------ (City, town, or county) Ill. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Benj. Sammons
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Polly Ann Smith
15. Birthplace (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Edward H. Williams
(b) Address 1337 S. Main Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 6-12-48 (Date received local registrar) (b) James G. Craig (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1948 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from July, 1943 to June 9, 1948;
that I last saw her alive on June 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis — Duration: instantaneous
Due to arteriosclerosis (coronary) — Yrs
Due to
Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
23. Signature Vance E. Lind, M.D. (M. D. or other)
Address Independence, Mo Date signed 6/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, 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.