

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11600

State File No.

Registrar's No.

Registration District No. 668

Primary Registration District No. 5889

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sedalia I R 7 N H 4
(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 years, months or days)

3. (a) PRINT FULL NAME ISABELLA WILLIAM'S

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

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, 2 divorced
6. (b) Name of husband or wife Sam Williams 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 6 (Month) 10 (Day) 1864 (Year)

8. AGE: Years 77 Months 7 Days 23 If less than one day hr. — min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Anderson Jamerson

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

14. Maiden name unknown

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

16. (a) Informant Mary Bell Brown

(b) Address Sedalia Mo

17. (a) Buried (b) Date thereof 3 4 42 (Month) (Day) (Year)

(c) Place: burial or cremation Scouttown Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 3/4/42 (Date received local registrar) (b) Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. RR # 4 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 1942
year..... hour 5 am minute..... M.

21. I hereby certify that I attended the deceased from 2/20 1942 to 3/1 1942
that I last saw her alive on 3/1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Branchitis Duration 6 Mo

Due to Myocarditis 2 yr

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Anna Berger (M. D. or other)

Address Sedalia Mo Date signed 3/2

(Licensed Embalmer's Statement on Reverse Side)

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

1022

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-42

4 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.....

Licensed Embalmer No. 2172

P. O. Address.....

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.