

S. No. 2  
50M-542  
Rev. 5-17-39  
X 32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10496

State File No. ....

Registration District No. 1147

Primary Registration District No. 5569

Registrar's No. 110

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

48  
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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Raytown Mo. (Outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ASH AVE - RHOADES ADD - RAYTOWN  
(If not in hospital or institution, write street number or location)

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

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. ASH AVE - RHOADES ADD - RAYTOWN  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Mrs. Flora Belle Williams

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1943 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Dec - 22 - 1942 to Feb 16, 1943 that I last saw her alive on Feb - 16 - 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Barney Williams

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Nov - 25 - 1859  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis. Duration 7 Mo.

Due to 940

Due to Senility

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

8. AGE: Years Months Days If less than one day

83 2 31 hr. min.

9. Birthplace Brookings Jackson Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name James Marley

13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva McCarey

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

16. (a) Informant Mrs. C. E. Seavey

(b) Address Raytown Mo.

17. (a) Burial Brookings Cemetery (b) Date thereof Feb 18 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director C. Clark Pigott

(b) Address Raytown Mo.

19. (a) Feb 18 1943 (b) Mrs. A. P. Larion  
(Date received local registrar) (Registrar's signature)

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 Sheldon Corcoran (M. D. or other) Do  
Address Raytown, Mo. Date signed 2/17/43

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**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.....

*E. Clark Hegent*

Licensed Embalmer No.....

*3983*

P. O. Address.....

*Raytown 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.**