

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2472

State File No.

FILED FEB 7 1944

Primary Registration District No. 5239

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Linn Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community X years, months or days)

3. (a) PRINT Sarah Ellen Williams
FULL NAME

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife J. E. Williams 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased Oct 10 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 1 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name William Potts
13. Birthplace Polk Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Underwood
15. Birthplace Polk Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Blanche Williams
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Grove(a) Signature of funeral director Church & Neale(b) Address Stockton, Mo.

19. (a) 1-30-44 (b) Mrs. Lethel Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Linn Twp. near Stockton Mo.
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from 4-17, 1943, to 1-10, 1944,
that I last saw her alive on 1-10, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 162 yrs.

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Wm. B. Richter (M. D. or other)

Address Stockton, Mo. Date signed 1-15-44

RECEIVED

District Health Officer No. 71

1-44-15

2-2-44

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 Michael Church

Licensed Embalmer No. 3272

P. O. Address Stockton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.