S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

Registration District No. 3145

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7981

Primary Registration District No. 305

Registrar's No. 54

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:
Bothwell Hospital
(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 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1020 West 11th.St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lusetta Jane 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 Married

6. (b) Name of husband or wife Perry L.Williams

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. (Month) 13 (Day) 1871 (Year)

8. AGE: Years 72 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace McCoupin Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Jolly

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

14. Maiden name Mary Ann Palmer

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

16. (a) Informant Mrs Beulah Welch

(b) Address Sedalia,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia,Mo.

19. (a) 2-10-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

1022

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1944 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb. 6, 1944 to Feb 8, 1944 that I last saw h.er alive on Feb. 8 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Arterio - Sclerosis -	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations None	
Of autopsy None	

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) No

(b) Date of occurrence

(c) Where did injury occur? None (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 Jno B. Caldwell M.D (M. D. or other)

Address Sedalia Mo. Date signed 2-10-44

RECEIVED
District Health Officer No. 8,
District File Number 3-1-44
Date Filed

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 L. E. Bowlehin

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.