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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1944

Registration District No. 59

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4099

State File No. 10641

Registrar's No. 38

1. PLACE OF DEATH

(a) County: Cass

(b) City or town: Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass 19

(c) City or town: Garden City (If outside city or town limits, write "RURAL") 0

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MRS. ALICE CATHERINE GILBERT WILLIAMS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: ✓

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

7. Birth date of deceased: July (Month) 25 (Day) 1868 (Year)

8. AGE: Years 75 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

MOTHER
12. Name: Cessa Sullins
13. Birthplace: Mo (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Mary F. Nobles
15. Birthplace: Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Littell
(b) Address: Pleasanthill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Garden City Cemetery

18. (a) Signature of funeral director: J. M. Murray
(b) Address: Garden City Mo

19. (a) March 8, 1944 (Date received local registrar) (b) Margaret Tate (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4 year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1944 to Mar. 4, 1944 that I last saw her alive on Mar. 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-Sclerosis + Hypertension

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 0

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: J. V. Murray M.D. (M. D. or other)

Address: Pleasant Hill, Mo Date signed 3/5/44

(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 J. M. Kauffman, Registered Apprentice No. 1030, working under my personal supervision.

Signed J. M. Kauffman

Licensed Embalmer No. 1030

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.