

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15552

FILED MAY 12 1944

Registration District No. 5954

Primary Registration District No. 5954

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Swadeborg, Mo.
(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
In this community Life
years, months or days)

3. (a) PRINT

FULL NAME Sarah Ann 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 Widow
6. (b) Name of husband or wife Henry Williams (Dec alive) years
7. Birth date of deceased Dec. 28, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
97 4 7hr.min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Andrew York13. Birthplace Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Nell Evans15. Birthplace Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ella Giddens(b) Address Swadeborg, Mo.17. (a) Burial (b) Date thereof 5/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maze Cem.18. (a) Signature of funeral director J. L. Hoops & Sons(b) Address Crocker, Mo.19. (a) MAY 11 1944 (b) Chas. M. Brad
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Dec 16, 1943 to Dec 31, 1943
that I last saw her alive on Dec 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial Failure

Due to Senility

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 John A. Mikalovich (M.D. or other) D.O.
Address Crocker, Mo. Date signed 5-6-44

1170

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Crocker, 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.