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7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 10, 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **27071**  
Registrar's No. **217**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3000**

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

1. PLACE OF DEATH:  
(a) County **Adair**  
(b) City or town **Kirksville Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Stickler Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 weeks**  
(Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Macon**  
(c) City or town **South Gifford Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Fannie Ann Sewell**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **11**  
year **1944** hour **7** minute **30** A.M.  
21. I hereby certify that I attended the deceased from **22 1944** to **aug 17th 1944**  
that I last saw her alive on **aug 16 1944**  
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 **Newton Williams** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **November 30 1859**  
(Month) (Day) (Year)

Immediate cause of death  
**Sanguine dyspnea**  
Due to **left foot**  
**Tubercula from same**  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years **84** Months **8** Days **12**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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 \_\_\_\_\_

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housekeeping**  
11. Industry or business \_\_\_\_\_  
12. Name **Newton Williams**  
13. Birthplace **Penn**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Nancy Cross**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. D. Sewell**  
(b) Address **Green Castle Mo**  
17. (a) **Burial** (b) Date thereof **August 13 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt Carmel**

23. Signature **RO Stibler** (M. D. or other) **C. M. D.**  
Address **Kirksville** Date signed \_\_\_\_\_

18. (a) Signature of funeral director **W. H. McCallister**  
(b) Address **South Gifford Mo**  
19. (a) **8-19-44** (b) **Mrs. L. Wagon**  
(Date received local registrar) (Registrar's signature)

1044 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-44-1522

Date Filed SEP 7 1944

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

*J. N. McCollum*

Licensed Embalmer No. 2052

P. O. Address. South Gifford 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.