V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20551

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 121

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 507 W. Nettleton - St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 507 W - Nettleton - St. (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Dora Williams

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female?

5. Color or race Negro

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased Dec. (Month) 4 (Day) 1847 (Year)

8. AGE: Years About 97 YRS Months 4 Mo. Days 14 da If less than one day hr. min.

9. Birthplace Glascow (City, town, or county) — Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Horace Sweeney
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Rosa Visor

(b) Address 507 W. Nettleton - St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, '45 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Indep., Mo.

18. (a) Signature of funeral director C. E. Davis

(b) Address 312 E. Lexington - St.

19. (a) 6-4-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 16 year 45 hour 11:45 minute 17 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	5 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Circulatory Failure	2 Mo

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 S. H. Griffin (M. D. or other)

Address Independence, Mo. Date signed 4/18/45

1163

(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.....

.....; Registered Apprentice No.....,

working under my personal supervision.

Signed L. J. Harris Sr.

Licensed Embalmer No. 3388

P. O. Address W. C. Va.

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.