

No. 2  
M-5-43  
5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24571

**FILED** JUL 29 1946  
Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 218

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:  
724 East 4th  
(If not in hospital or institution, write street number or location)

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

In this community 34 years  
years, months or days

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. 724 East 4th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Richard Williams

3. (b) If veteran, name war None

3. (c) Social Security No. 702-16-1967

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1946 hour 11:00 minute P. A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Rhoda J. Williams

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 23, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17, 1946 to July 17, 1946  
that I last saw him alive on July 17, 1946  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion, acute Duration 2 hr.

Due to coronary sclerosis 6 mo.

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

Due to arteriosclerosis, generalized

10. Usual occupation Switchman

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business Missouri-Pacific R.R.

MOTHER FATHER { 12. Name Charles Williams

{ 13. Birthplace Cooper County, Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Ann Cox

{ 15. Birthplace Cooper County, Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rhoda Williams (wife)

(b) Address 724 East 4th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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? \_\_\_\_\_

18. (a) Signature of funeral director Diane Ewing

(b) Address Sedalia, Mo.

19. (a) 7-20-46 (Date received local registrar)

(b) Betty Yeager (Registrar's signature)

While at work \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Gordon Stauffer (M. D. or other) MD

Address Sedalia Mo Date signed July 18, 1946

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

RECEIVED

District Health Officer No. 8.

about 10:00 a.m.

File

7-27-40

APR 19 1941

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.