

FILED APR 11 1947

Registration District No. 13 Primary Registration District No. 2014 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Calday Liberty

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

(c) Name of hospital or institution: In her home
(If not in hospital or institution, write street number or location)

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

In this community all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 131 S. Leonard
(If rural, give location)

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

3. (a) PRINT FULL NAME IDA WILLIAMS PESCIA

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 1 minute 30 P.M.

4. Sex Female

5. Color of hair White

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

6. (b) Name of husband or wife John Williams

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

7. Birth date of deceased June 9 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1940, to Mar 5 1947, that I last saw her alive on Mar 4 1947; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Occlusion

Due to Cerebral occlusion Rere D.S.

Due to _____

Duration Indef

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

10. Usual occupation Housekeeper

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.

11. Industry or business _____

12. Name John Williams

13. Birthplace Geneva
(City, town, or county) (State or foreign country)

14. Maiden name Judith Margaret Black

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

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? _____

16. (a) Informant Mrs. Eugene P. Hayes

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof Mar 7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrington Liberty Mo

18. (a) Signature of funeral director Charles C. Archer Co

(b) Address Liberty Mo

19. (a) March 7, 1947 (b) Minnie Hayes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Glen W. Henderson (M. D. or other) G.D.

Address Liberty, Mo Date signed 3/7/47

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

24
2
1

104

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-47

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.....

John S. Sanborn, Registered Apprentice No. H 00
working under my personal supervision.

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.