No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5167

FILED MAR 1 1949

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 724

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7845 Pennsylvania 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State So Dak (b) County Davison 999
(c) City or town Mt. Vernon 39
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Rt 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Iva Ethel Williams
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 24 (Day) 1891 (Year)

8. AGE: Years 56 Months 8 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name Loveless Williams
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Sarah M. Moore
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Mrs Nelle Funk
(b) Address 7845 Penn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon So Dak
18. (a) Signature of funeral director Dixon L. Kepley
(b) Address Indep. Mo
19. (a) 2-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16th
year 1948 hour 9 minute 30 p M.

21. I hereby certify that I attended the deceased from Feb 2, 1948 to Feb 16, 1948;
that I last saw her alive on Feb 16, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	4 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature M. Donald McFarland (M. D. or other) M.D.
Address 315 Alameda Rd Date signed Feb 17, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 13 1951

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.