

S. No. 2  
-8-43  
5-17-39  
1 X37823

**FILED MAY 29 1948**

Registration District No. **1000** Primary Registration District No. **1000** Registrar's No. **557**

1. PLACE OF DEATH  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Missouri Methodist Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days** (Specify whether  
In this community **8 days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Platte** **83**  
(c) City or town **Dearborn** (If outside city or town limits, write "RURAL") **0**  
(d) Street No. **0** (If rural, give location) **1**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Jennie E. Williams**  
3. (b) If veteran, name war **XX** 3. (c) Social Security No. **XX**  
4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **John S. Williams** 6. (c) Age of husband or wife if alive **XX** years  
7. Birth date of deceased **October 12 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **15<sup>th</sup>** year **1948** hour **7** minute **15** M.  
21. I hereby certify that I attended the deceased from **March 25<sup>th</sup> 1948** to **May 15<sup>th</sup> 1948** and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **7** Days **3** If less than one day hr. min.

Immediate cause of death **Subarachnoid fracture tumor (right) cerebral hemorrhage 7 weeks** Duration **8 days**  
Due to **166A 14**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **Fracture** PHYSICIAN  
Of operations  
Of autopsy Underline the cause to which death should be charged statistically.

9. Birthplace **Platte Co. Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**  
11. Industry or business  
12. Name **Sidney H. Dean**  
13. Birthplace **Platte Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary K. Leavell**  
15. Birthplace **unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Williams**  
(b) Address **Dearborn, Missouri**  
17. (a) **Burial** (b) Date thereof **May 17, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Market Cemetery**  
18. (a) Signature of funeral director **Vaughn & Aufranc**  
(b) Address **Dearborn, Missouri**  
19. (a) **5/19/48** (b) **B. K. Jenkins**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident 83**  
(b) Date of occurrence **May 7<sup>th</sup> 1948**  
(c) Where did injury occur? **Dearborn Platte, Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**See the Home - fell out of bed.**  
While at work? (Specify type of place) (e) Means of injury **fell from bed**  
23. Signature **S. L. Durbin** (M. D. or other) **17-48**  
Address **Dearborn Mo** Date signed

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

OCT 21 1948

**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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.**