o. 2
-45
7-39
K47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35758

Registration District No. 42 | Primary Registration District No. 5134 | Registrar's No. 1247

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. #5.St.Joseph, The Country House-Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 4 (Specify whether years, months or days)
In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Robidoux Hotel 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Jessie Florence Williams

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Merton J. Williams

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: March (Month) 12 (Day) 1890 (Year)

8. AGE: Years 58 | Months 8 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER

12. Name: L. L. Beadle 1

13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

14. Maiden name: Unknown --- Carson

15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: M. J. Williams
(b) Address: Robidoux Hotel, St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov.18,1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St.,St.Joseph, Mo.

19. (a) 11-23-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 25 Oct., 1948 to 14 Nov., 1948 that I last saw her alive on 14 Nov., 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration: —

Due to: Prolonged illness, intestinal obstruction, post operative hernia, ileo-colostomy,

Due to: anemia, anorexia, general debility, of about 6 months duration.

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.

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: Wilbur C. McDonald (M. D.) M.D.
Address: 301 N. 8th St. Date signed: 16 Nov. 48

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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 Raymond W. Morehea

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.