S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17, 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13187

Registration District No. 13 Primary Registration District No. 3014 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty (If outside city or town limits, write "RURAL") 2
(d) Street No. 610 N. Brown (If rural, give location) 1
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME "Baby" Williams

3. (b) If veteran, name war None **3. (c) Social Security No.** None

4. Sex Male 9 | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 19 (Day) 1945 (Year)

8. AGE: Years — | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Liberty (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER
12. Name Sigmon Williams
13. Birthplace Mississippi (City, town or county) Miss (State or foreign country)
14. Maiden name Velma Douglas
15. Birthplace Liberty (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Sigmon Williams
(b) Address 610 N. Brown Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Church Archer Co.
(b) Address Liberty Mo

19. (a) Mar. 30-'45 (Date received local registrar) (b) Helen Purdy (Registrar's signature)

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 20
year 1945 hour 4 minute 12 A.M.

21. I hereby certify that I attended the deceased from —, 19—, to —, 19—; that I last saw him alive on Mar 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth	7 mo.
Due to: Cause not Known	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations —	
Of autopsy 1 5 9	

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 —

23. Signature Wm F Goodson (M. D. or other)
Address Liberty Mo. Date signed 3/25/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 4/13/45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., ~~Registered Apprentice~~ No. .....,

~~working under my personal~~ supervision.

Signed Edgar Archer

Licensed Embalmer No. 336

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.