

FILED FEB 5 1945

Registration District No. 216

Primary Registration District No. 6018

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ross
(b) City or town Rural Fishing River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles North East, Ex Spgs.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community JERIMAH WILLIAMS (74)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ross
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles North East, Ex Spgs.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JERIMAH WILLIAMS

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Aug 12 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business -

MOTHER FATHER { 12. Name Jermiah Williams
13. Birthplace Clay Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Weatherington
15. Birthplace Ross Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Soldie Williams

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 11/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery, Ex Spgs.

18. (a) Signature of funeral director Herbert H. Hogue

(b) Address Excelsior Springs, Mo.

19. (a) 1/17/45 (b) D. H. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th
year 1945 hour Found body minute 3 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion Duration _____

Due to 94a
Due to _____

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 _____

23. Signature J. F. Baker 3
Address Excelsior Mo Date signed 1-10-45

900
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-2-40

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 Chas. Virgil Hope
Licensed Embalmer No. 3950
P. O. Address Excelsior Springs, 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.