

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21373
 Do not use this space.

REC'D JUL 14 1938

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH'S HOSPITAL Registered No. 629
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LUTHER WILLIAMS 452
 (a) Residence, No. 108 N. 2ND. ST. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) UNKNOWN

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF UNKNOWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
EST. 68

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. UNKNOWN
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) UNKNOWN

FATHER 13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) UNKNOWN

17. INFORMANT ST. JOSEPH WELFARE BOARD RECORDS
 (ADDRESS) ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE CITY CEMETERY DATE JUNE 15TH 1938

19. FUNERAL DIRECTOR FLEEMAN & SON INC.
 (ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED 6/15/38 H. J. Meadell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 15TH. 1938

22. I HEREBY CERTIFY, that I attended deceased from June 11 1938, to June 15 1938
 I last saw him alive on June 14 1938 at 8.45 A. Death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of Prostate 2 mo
Uremia due to obstruction 4 days

Other contributory causes of importance: 51-

Name of operation Cystoscopy Date of 6-11-38
 What test confirmed diagnosis? " Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Chronic uremia
 (Signed) (Dr. Joseph M. ...) M. D.
 (Address) (St. Joseph, Mo.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MY SELF

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John E. Rupp
3986

Licensed Embalmer No. _____

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.)