

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.

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

32538  
Do not use this space.

REC'D OCT 20 1938

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431  
(b) Township Warrensburg Primary Registration District No. 3023 Registered No. 92  
(c) City Warrensburg (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Henry Williams

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 71

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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) Johnson Co (STATE OR COUNTRY) Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Sarah

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Dora Cooper (ADDRESS) Warrensburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Oct. 1, 1938

19. FUNERAL DIRECTOR (NAME) Sweeney-Phillips (ADDRESS) Warrensburg, Mo

20. FILED Oct. 1, 1938 Eva Bentley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 1 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938, to Oct 1 - 38  
I last saw him alive on Sept 28, 1938. Death is said to have occurred on the date stated above, at 8: P. m.  
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset

Other contributory causes of importance: 920

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? phys Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_ (Signed) P. J. Madigan, M. D.

(Address) Warrensburg, Mo

STATE BOARD OF HEALTH  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE *Oct-20-1958*

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.....

Licensed Embalmer No. ....

P. O. Address.....

**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, above space should be left blank.**