

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36633

State File No. _____

Registration District No. 538

Primary Registration District No. 6727

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Carter Twp
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution years
In this community years

NOV 14 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural
(d) Street No. Carter Township
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Wm Fred Muroc Williams

3. (b) If veteran, name war World War

3. (c) Social Security No. 489-19-1144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1939 hour 10:00 minutes P.M.

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Eda Williams
7. Birth date of deceased January 11 1893

6. (a) Single, widowed, married, divorced Divorced
6. (c) Age of husband or wife if alive 43 years

21. I hereby certify that I attended the deceased from patient clinic, 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 Gum abscess wound in back of right lung (posterior)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace West County Missouri

10. Usual occupation Trucker

11. Industry or business _____

12. Name John Henry Williams

13. Birthplace Illinois

14. Maiden name Martha Wittat

15. Birthplace Salon Mo.

16. (a) Informant's own signature Muel Sullivan

(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof Oct 20 39

(c) Place: burial or cremation Woodson Farmington Mo.

18. (a) Signature of funeral director Ed W. Webb

(b) Address Fredricktown Mo.

19. (a) Oct 21 1939 (b) S. A. S. Clavich

Due to _____
Other conditions (include pregnancy within 9 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Oct 18 39
(c) Where did injury occur? Home Madison Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

While at work? no (Specify type of place) _____
(e) Means of injury _____

23. Signature W. Harry Dorson (M. D. number) _____
Address Fredricktown Mo Date signed 10/19 39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

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.

Pay to _____ (Licensed Embalmer's Statement on Reverse Side) Coroner Madison Co

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.....

Myron P. LaPee....., Registered Apprentice No.....
working under my personal supervision.

Signed *Myron P. LaPee*
Licensed Embalmer No. *4025*
P. O. Address *Fredenshtown, Md.*

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.