DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38897

Registration District No. 951 — Primary Registration District No. 5037B — Registrar's No. 14.

DEC 7

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town RURAL — WILSON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13 MI. N. CENTRALIA, MO
(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 54 YRS. - 9 MO.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 13 MI. N. OF CENTRALIA, MO.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME JOSEPH N. WILLIAMS.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NANCY E. WILLIAMS

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

7. Birth date of deceased MAR. (Month) 3 (Day) 1858 (Year)

8. AGE: Years 81 | Months 9 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation FARMER. 1

11. Industry or business ✓

FATHER
12. Name DAVID WILLIAMS. 0
13. Birthplace ____ (City, town, or county) KY. (State or foreign country)

MOTHER
14. Maiden name MARGRET SIMPSON.
15. Birthplace MONROE CO., (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature J. D. Williams
(b) Address R. 4, CENTRALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 4, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation MT. AIRY, MONROE CO., MO.

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO. 20

19. (a) 12-3-39. (Date received local registrar) (b) C. M. Mosley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 3RD year 1939 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 25 — 1939, to Dec. 3 — 1939; that I last saw him alive on Dec. 2, — 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 days.
Due to ✓	
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 Chas. W. Austene (M. D. ~~or other~~)
Address CENTRALIA, MO. Date signed 12-3-39.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 12-39-2077
Date Filed OEC 7 1939

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 A. G. Blakey Jr.

Licensed Embalmer No. 2614

P. O. Address Paris, 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, above space should be left blank.