

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.

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

42802  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County..... Buchanan ..... Registration District No. 85  
 (b) Township..... St. Joseph ..... Primary Registration District No. 1001 Registered No. 1280  
 (c) City..... St. Joseph ..... (d) Street No. Missouri Methodist Hospital ..... 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 74 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Louis Forman Williams  
 (a) Residence, No. 2813 Duncan ..... 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) single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** none

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** November 14, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	0	27	

**OCCUPATION**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Salesman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Wholesale House  
 10. Date deceased last worked at this occupation (month and year) 1926  
 11. Total time (years) spent in this occupation

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Joseph, Missouri.

**FATHER**  
**13. NAME** John Williams  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Kentucky

**MOTHER**  
**15. MAIDEN NAME** Theresa George  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Kentucky

**17. INFORMANT (ADDRESS)** Mrs. Stone Wilson, St. Joseph, Missouri.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Mt. Mora Cemetery      **DATE** December 13, 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Walter Meierhoffer, 1302 Faraon, St. Joseph, Missouri

**20. FILED** Dec 13, 1939 H. J. Nestlebusch Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** December 11, 1939

**22. I HEREBY CERTIFY**, That I attended deceased from 11-23-1939 to 12-11-1939  
 I last saw him alive on 12-11-1939 Death is said to have occurred on the date stated above, at 10:30pm.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Edema  
Fracture of femur  
Sarile Rheumatis

Other contributory causes of importance:  
none

**Name of operation** none      **Date of** \_\_\_\_\_  
**What test confirmed diagnosis?** X-rays      **Was there an autopsy?** No

**23. If death was due to external causes (violence), fill in also the following:**  
**Accident, suicide, or homicide?** acc      **Date of injury** 11-23-39  
**Where did injury occur?** Home St. Joseph, Mo  
 (Specify city or town, county, and State)  
**Specify whether injury occurred in industry, in home, or in public place.**

**Manner of injury** fall out of bed  
**Nature of injury** fracture of femur

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so, specify Paul Ferguson, M. D.  
 (Signed) \_\_\_\_\_ (Address) Eighth & Faraon

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**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 *H. A. Kelly*.....

Licensed Embalmer No. *Mo. 3946*.....

P. O. Address *St. Joseph, Missouri*.....

**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.**