

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19301

State File No. \_\_\_\_\_

Registration District 718

Primary Registration District No. 6830

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyo (b) County \_\_\_\_\_  
(c) City or town Cody  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4  
year 1940 hour \_\_\_\_\_ minute 1:30 P.M.

21. I hereby certify that I attended the deceased from Mar 2 1940  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Mar 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of larynx Duration 1 yr

Due to \_\_\_\_\_  
Due to 46

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Cancer with metastases  
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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. H. Sherman (M. D. or other) \_\_\_\_\_  
Address Unionville, Mo Date signed 3-6-40

8. (a) PRINT FULL NAME Sherman Nelson Williams

8. (b) If veteran, no name war \_\_\_\_\_ 3. (c) Social Security No. 520-03-720

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lilla M. Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 26 1899  
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Alto Williams

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Phila Picketts Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jolly M. Williams

(b) Address Fallock Mo

17. (a) Lemon (b) Date thereof May 6 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lemon Mo

18. (a) Signature of funeral director F. G. Justice

(b) Address Unionville Mo

19. (a) May 5 1940 (b) N. W. Sillman  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1110

Date Filed JUN 6 1940

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 Muel E. Huster  
Licensed Embalmer No. 3304  
P. O. Address Amosville

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..