

FILED JUL 1 1940

Soc. Sec. No. Unknown - if any

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

21518 Do not use this space.

1. PLACE OF DEATH (a) County Clay (b) Township Fishing River (c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility (e) Length of residence in city or town where death occurred yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 2. PRINT FULL NAME Elmer H. Williams (a) Residence, No. 1419 East 8th St., Kansas City, Mo. (Usual place of abode, if no street address, write county or city) Kansas City, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Ruth Williams 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1894 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 6 18 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Photo Engraver 9. Industry or business in which work was done, as saw mill, bank, etc. Photography 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 13. NAME George Williams 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 15. MAIDEN NAME Anna Schrader 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 17. INFORMANT (ADDRESS) Hospital records

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1940 19 22. I HEREBY CERTIFY, That I attended deceased from May 9, 1940, 19 to June 9, 1940, 19. I last saw him alive on June 9, 1940, 19. Death is said to have occurred on the date stated above, at 9:45 P.M. The principal cause of death and related causes of importance were as follows: Effusion, pleural, massive, right, probably secondary to neoplasm. Date of onset Other contributory causes of importance: Name of operation None Date of What test confirmed diagnosis? examination and observation 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 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? If so, specify Unknown (Signed) E.A. WELCH, M.D., Manager Veterans Administration Facility, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE June 10, 1940 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Pritchard Excelsior Springs, Mo. 20. FILED June 10, 1940 Mrs. R. M. Craspen Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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

50M-9-19-38 I X10005

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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.....
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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21578

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Elmer H. Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month June day 9 year 1996 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ 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 Effusion pleural, massive, probably secondary to neoplasm
neoplasm of malignant nature.
Primary site: Pulmonary
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 47
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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature S. A. Welch (M. D. or other) _____
Address Excelsior Springs, Mo Date signed _____

SUPPLEMENTAL

