

No. 2
-13-40
17-39
AUG 21 1940

Registration District No. 549

Primary Registration District No. 4323

Registrar's No. 36

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

1. PLACE OF DEATH: Marion 2

(a) County..... Palmyra

(b) City or town..... (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..... 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Marion

(c) City or town..... Palmyra (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.

3. (a) PRINT FULL NAME Virgil Williams 452

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1940 hour 9 minute 10 M.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rilla Barton Williams 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Marsh 5 1853 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1940 to July 21 1940; that I last saw him alive on July 15 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 4 Days 4 If less than one day hr. _____ min. _____

Immediate cause of death Cancer of Rectum 2. mth

Duration _____

9. Birthplace No record 9 (City, town, or county) (State or foreign country)

Due to _____

Due to 46

10. Usual occupation Retired Railway 4

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Trackman 9

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name No record 9

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucile Williams

(b) Address Palmyra, Mo.

17. (a) burial (b) Date thereof 7/11/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo.

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? _____

18. (a) Signature of funeral director Lewis Bond

(b) Address Palmyra, Mo.

19. (a) July 10 1940 (b) Bertrude Lee (Date received local registrar) (Registrar's signature)

23. Signature W. G. Powell (M. D. or other) MD.

Address Palmyra, Mo. Date signed 7-9-40

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.....

Geo. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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, fact should be so stated above.