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

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FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. R. Williams

State File No. 32005

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 717

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 773 S. Lexington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 773 S. Lexington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elgin T. Williams
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nolia Williams
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April (Month) 16 (Day) 1864 (Year)

8. AGE: Years 76 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
MOTHER FATHER
12. Name Alfred O. Williams
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Nolia Williams
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) Sept. 3, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1940 hour 1 minute a. M.
21. I hereby certify that I attended the deceased from Aug 10, 1940 to Sept 1, 1940 that I last saw him alive on Sept 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Vascular Heart Disease, Chronic
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

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) No
(b) Date of occurrence
(c) Where did injury occur? None (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 Walter F. Williams (M.D. or other) 9/4/40
Address Springfield Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed L S Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.