

FILED OCT 23 1940

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

32568

Do not use this space.

1. PLACE OF DEATH

(a) County Mercer Registration District No. 334
 (b) Township Madison Primary Registration District No. 3748 Registered No. 9
 (c) City..... (d) Street No..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Williams
 (a) Residence, No. Mercer Co. Mod. rural 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/21/1865.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 22

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

12. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

FATHER 13. NAME Isaac Williams

14. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Donaldson

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT Arthur Hartness.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Jc. Mo DATE Mo. 8/15/40

19. FUNERAL DIRECTOR John M Chambers
 (ADDRESS) Mrs Moriah Mo

20. FILED Aug 20, 1940 Mrs C Paul Thomas
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1940 to Aug 13, 1940

I last saw him alive on Aug 13, 1940. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7/26/40

Other contributory causes of importance:

arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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 by killers:
 (Signed) Mrs Moriah Mo M. D.

(Address) 493

STATEMENT BY LICENSED EMBALMER

I, John M Chamber

Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed John M Chamber

Licensed Embalmer No. 2109

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.)