

11-10-39
5-17-39
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STANDARD CERTIFICATE OF DEATH

State File No. 33357

Registration District No. 877 Primary Registration District No. 45-26 Registrar's No.

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Milo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Street not numbered
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 1/2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Milo
(If outside city or town limits, write "RURAL")
(d) Street No. Street not numbered
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Enoch Baxter Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adaline Williams 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Jan 7, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>25</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James Williams
13. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Jan Howard
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Young
(b) Address 308 Humboldt Ave West Kam

17. (a) Burial (b) Date thereof 10/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Olive Branch Cemetery

18. (a) Signature of funeral director Fury Funeral Home
(b) Address Madison, Mo.

19. (a) Mrs E. L. Carl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1940 hour 11: minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 28, 1940 to Sept 30, 1940, that I last saw him alive on Sept 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to Hypertensive cardio-vascular heart disease

Due to _____

Other conditions 45 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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? Yes

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

23. Signature Thomas G. Duckett (M. D. or other) M.D.
Address Shedon, Mo. Date signed 10/14/40

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

8

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1493

Date Filed 10-14-40

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 Personal

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lloyd P. Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 872

Primary Registration District No. 4526

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wernon

(b) City or town Wernon
(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)

3. (a) PRINT FULL NAME Enoch Baxter 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 81 Months 8 Days 25 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) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Oct 9, 1940 (b) Mrs. R. H. Earl
(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 Oct day 2 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
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?

While at work..... (Specify type of place) Means of injury.....

23. Signature Thomas J. Dacet (M.D. or other).....
Address Weldon..... signed.....

SUPPLEMENTARY

