

No. 2  
4-13-40  
-17-39  
I X21

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6163**

**MAR 19 1941**  
Registration District No. **20**

Primary Registration District No. **50x2**

Registrar's No. **12**

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

1. PLACE OF DEATH:  
 (a) County Barry  
 (b) City or town Rural Kings Prairie  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry  
 (c) City or town Rural, Kings Prairie  
(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.? 0 years.

3. (a) PRINT FULL NAME Thomas Henry Williams  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 17  
 year 1941 hour 3 minute 45 A. M.

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced / Married  
 (b) Name of husband or wife Nancy Williams  
 (c) Age of husband or wife if alive 86 years  
 7. Birth date of deceased June 12, 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-15  
1941 to 2 17 19 41  
 that I last saw him alive on 2/16 19 41  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 8 5 hr. \_\_\_\_\_ min.

Immediate cause of death  
Chronic Myocardial Disease -  
Auricular Fibrillation  
 Due to HYPERTENSION  
 Due to ?  
 Other conditions  
(Include pregnancy within 3 months of death)

9. Birthplace Mt. Vernon, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Jesse Alson Williams  
 13. Birthplace Rolla, N. C.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Millicent Jane Nixon  
 15. Birthplace North/Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant A. O. Williams  
 (b) Address 416 Frisco, Monett, 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?  
3

17. (a) Burial (b) Date thereof Feb. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kings Prairie  
 18. (a) Signature of funeral director Callaway  
Monett, Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) 2-19-1941 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

23. Signature Frank W. West (M. D. 0)  
 Address Monett, Mo. Date signed 2/17/41

RECEIVED

District Health Officer No. 6,

District File Number 341-451

Date Filed MAR 13 1947

---

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.....

J. D. Buchanan  
working under my personal supervision.

....., Registered Apprentice No.....

Signed J. D. Buchanan  
Licensed Embalmer No. 3179

P. O. Address Menett 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.