

No. 2
4-13-40
5-17-39
I X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10142

Registration District No. RS

Primary Registration District No. 1001

Registrar's No. 344

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (few min)
In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2607 Renick
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME FRED WILLIAMS
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 25th.
year 1941 hour 10. minute 30 P. M.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Francis Williams
(c) Age of husband or wife if alive 35 years
7. Birth date of deceased June 11th. 1885
(Month) (Day) (Year)

21. I hereby certify that ~~passed~~ the deceased died on Mar 25, 1941, to _____, 19____;
that I last saw him alive _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 9 14
hr. _____ min.

Immediate cause of death
Coronary Occlusion

9. Birthplace King City Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____ 94

10. Usual occupation Saloon Business

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name James Williams

13. Birthplace Redwing Minn.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Marsh

15. Birthplace King City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Francis Williams

(b) Address 2607 Renick St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) Mar 27 1941 (b) H J Wittelbach
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy yes

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?
85 (Specify type of place) _____
While at work? (e) Means of injury (Coroner)

23. Signature H F Mundy (M. D. or other) _____
Address 404 So 3rd St Date signed 3/26/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

Licensed Embalmer No. 3953

P. O. Address St. Joseph, 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.