

Registration District No. 207

Primary Registration District No. 4125-

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg
(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 1 (Specify whether
In this community _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Frank M^cDowell Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-18-7941

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Lyons Williams 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 24 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Council Bluffs Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Produce

11. Industry or business _____

12. Name Jacob Williams

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

14. Maiden name M^cDowell

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

16. (a) Informant's own signature Margaret Williams

(b) Address Plattsburg Mo.

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

(c) Place: burial or cremation Asland - St. Louis Mo.

18. (a) Signature of funeral director O'Brien - Lyon

(b) Address Plattsburg Mo.

19. (a) March 28 - 41 (b) Emmie Chatham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton
(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1941 hour 4 minute 02 AM.

21. I hereby certify that I attended the deceased from Feb 1940 to Feb 25 1941;
that I last saw him alive on March 26 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
4th Durdick

Due to Chronic nephritis before 1940

Due to Atherosclerosis before 1940

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

Major findings: Of operations _____

Of autopsy _____

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) (9) Means of injury _____

23. Signature W. J. Teague (M. D. or other) _____
Address Plattsburg Mo. Date signed 3-25

MOTHER FATHER

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Danell D. Ryan*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg me*

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.