No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42330

Registration District No. 461 Primary Registration District No. 3024 Registrar's No. 86.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Howard St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lee Williams

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Ma D 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Abt. (Month) 1867 (Day) (Year)

8. AGE: Years Abt. Months 74 Days If less than one day ..... hr. ..... min.

9. Birthplace Lexington, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Coal miner

FATHER
12. Name Lee Williams
13. Birthplace Lexington Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Thurston
15. Birthplace Lexington, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Joe Williams
(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington

18. (a) Signature of funeral director Winkler
(b) Address Lexington, Mo

19. (a) 12-27-41 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 24 year 1941 hour Found dead minute ..... M.

21. I hereby certify that I attended the deceased from No Physician, 19..., to ....., 19..., that I last saw h..... alive on Last seen alive 10 Pm 12-23-41, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	
Due to Chronic Myocarditis	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Myocarditis	

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) No
(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? .....
(Specify type of place)
While at work? ..... (e) Means of injury ?

23. Signature W. Martin Mo Coroner (M. D. or other)
Address Odessa Mo Date signed 12-24-41

870

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 1-14-42

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 Forrest F Pumpel

Licensed Embalmer No. 3275

P. O. Address Lexington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.