

DEC 29 1941
Registration District No. 491

Primary Registration District No. ~~498~~ 5656 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Clark
(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 76-5-13

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln ⁰⁵⁷

(c) City or town Rural ⁰
(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 BENJAMIN STRATER WILLIAMS

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth E Williams 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: June 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 13 hr. min.

9. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Jackson Williams

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

14. Maiden name Ruth Hutchinson

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

16. (a) Informant Elizabeth E Williams

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof Nov 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem

18. (a) Signature of funeral director William M. Boy

(b) Address Troy Mo.

19. (a) Nov 21 (b) Mike Pearl
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 19
year 1941 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1941, to Nov. 19, 1941
that I last saw him alive on Nov. 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to Ch.

Other conditions Ch. nephritis, Eptitis
(Include pregnancy within 3 months of death)

Major findings: Of operations 1318

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? _____

(Specify type of place) _____ (e) Means of injury _____
Signature H. S. Harris (M. D. or other) 0
Address Troy Date signed 11-21-41

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 Wayne McCoy

License Embalmer No. 3586

P. O. Address Troy 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.