No. 2
-9-4-41
-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

43089

State File No.

Registration District No. 781 Primary Registration District No. 4467 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Ste. Genevieve

(b) City or town St. Marys Tiron
(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: 79

(a) State Missouri (b) County Perry /

(c) City or town Perryville Rural /
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #3. /
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roscoe Conklin Williams

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma Louise Favier

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December (Month) 18, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	0	13	hr. min.

9. Birthplace Perry County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation

11. Industry or business Real Estate.

FATHER
12. Name Patrick Williams
13. Birthplace (City, town, or county) Mississippi (State or foreign country) /

MOTHER
14. Maiden name Nancy Jane Williams
15. Birthplace Perry County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Emma Williams
(b) Address Perryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1942 (Month) (Day) (Year)
(c) Place: burial ~~xxxxxx~~ Home Cemetery Perryville Mo.

18. (a) Signature of funeral director Bey Funeral Home
(b) Address Perryville, Mo.

19. (a) 1/2/42 (Date received local registrar) (b) Tobie G Thomure (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 2:55 minute P.M. M.

21. I hereby certify that I attended the deceased from June 1941 [illegible] 41, to Dec 31 1941, 19 ;
that I last saw him alive on Dec 31 1941, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Asthenia — Duration 6 mo

Due to Carcinoma of stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of stomach

Of autopsy

46b

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)

(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 0

23. Signature Wm H Bailey M.D. (M. D. or other)

Address Perryville, Mo. Date signed 12/31 1941

(Licensed Embalmer's Statement on Reverse Side)

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 LeRoy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, Mo

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

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