7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10065

Registration District No. 4 Primary Registration District No. 4550 Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County: AUDRAIN
(b) City or town: VANDALIA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 113 EAST HIGHWAY 54 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: AUDRAIN
(c) City or town: VANDALIA (If outside city or town limits, write "RURAL")
(d) Street No.: 113 EAST HIGHWAY 54 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MARVIN ELWOOD WILLIAMS
3. (b) If veteran, name war: WORLD WAR No. I
3. (c) Social Security No. 492-09-1333
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: FLOY HAMMETT WILLIAMS
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: SEPTEMBER (Month) 15 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	6	15	hr. min.

9. Birthplace: AUDRAIN Co (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: DAY LABORER
11. Industry or business: BRICK PLANT
FATHER
12. Name: FOUNT H. WILLIAMS
13. Birthplace: MONTGOMERY Co (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name: MARY KAYLOR
15. Birthplace: DECATUR (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant: MRS MARVIN E. WILLIAMS
(b) Address: VANDALIA MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APRIL 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: VANDALIA MO
18. (a) Signature of funeral director: H. S. Yates
(b) Address: Vandalia Missouri
19. (a) April 1 1942 (Date received local registrar) (b) Mallie Fuqua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1942 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 10th, 1941 to March 30 1942 that I last saw him alive on March 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary arteriosclerotic and hypertensive heart disease, cardiac enlargement, Due to: myocardial damage, auricular fibrillation and angina syndrome. Duration
Due to:
Other conditions: Ascites (Include pregnancy within 3 months of death)
Major findings: Of operations: No operation
Of autopsy: No autopsy

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: W K McSell (M. D. or other)
Address: Laddonia Mo. Date signed: 3-31-42

1073 (Licensed Embalmer's Statement on Reverse Side)

APR 13 1942

AUG 31 1955

RECEIVED
District Health Officer No. 10
District File Number 10-42-673
Date Filed APR - 7 1942

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 Wm. B. Bates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.