

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10359

State File No. _____
Registrar's No. 276

FILED APR 2 1942
85

Registration District No. _____ Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hrs.
(Specify whether
In this community 7 Months 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1916 South 14th St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Albie Williams

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

4. Sex Male 5. Color or race White 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 Aug. 7, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 97 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Evans Williams

13. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Grace Sizemore

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

16. (a) Informant Charles E. Williams

(b) Address 1916 S. 14th St.

17. (a) Burial (b) Date thereof March 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cem.

18. (a) Signature of funeral director Calvert Mortuary
(b) Address 5025 King Hill Ave.

19. (a) Mar. 16, 1942 (b) H. J. Mathias
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 9 minute 05 p. M.

21. I hereby certify that I attended the deceased from March 14 1942 to March 14 1942
that I last saw him alive on March 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to _____

Due to Influenza 2 days

Other conditions (include pregnancy within 3 months of death) 33N

Major findings: Of operations _____

Of 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 _____

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) _____ Means of injury _____

23. Signature H. J. Mathias (M. D. or other) MD
Address St. Joseph Mo Date signed 3/16/42

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, on Mar. 14, 1942

....., Registered Apprentice No.

working under my personal supervision.

Signed *Emil Clark*

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.