

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10629

FILED APR 3 1942
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 80

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

26
5
4

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Prison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 026
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL") 5
(d) Street No. Missouri State Prison
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ulas D. Williams (47297)

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

4. Sex M 5. Color of race Negro 6. (a) Single, widowed, married, divorced ? 9

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

7. Birth date of deceased October 2nd 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>5</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mo. State Prison Records

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Dawson & Tanner

(b) Address 202 Jefferson

19. (a) 3-24-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature) 894

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd, year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 18th 1941 to March 23rd 1942 that I last saw him alive on March 23rd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 9 Mo

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1381
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 _____

(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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature RI Russell (M. D. or other) 11

Address Prison Physician Date signed 3-28-42

Jefferson City

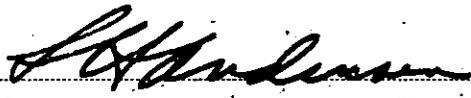
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.....

3641

P. O. Address.....

Juno.

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

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