

3. No. 2
-1-4-41
5-17-39
PI X26320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN. 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18905

State File No.

Registration District No. 193

Primary Registration District No. 4464

Registrar's No. 59

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington, Missouri

(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. 77 years 8 months 10 da (Specify whether years, months or days)

In this community 77 years 8 months 10 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Francois

(c) City or town Farmington

(If outside city or town limits, write "RURAL")

(d) Street No. 628 W. Columbia

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George King Williams

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day May year 1942 hour 11 P.M. minute — M.

21. I hereby certify that I attended the deceased from May 19 1942 to May 19 1942

that I last saw him alive on May 19 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Barbara Adams Williams

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. September 9, 1864

(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration 6 hrs.

Due to Arterial degeneration Myocarditis 3 hrs. 4 hrs.

Due to

8. AGE: Years Months Days If less than one day

77 8 10 hr. min.

9. Birthplace St. Francois County, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mining engineer

11. Industry or business

MOTHER FATHER

12. Name George McGahan Williams

13. Birthplace St. Francois County, Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Permella Thompson

15. Birthplace St. Francois County, Missouri

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 944

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Williams

(b) Address Farmington, Missouri

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?

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 22, 1942

(Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

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

23. Signature Geo. H. Williams (M. D. or other)

Address Farmington, Mo. Date signed 5/20/42

18. (a) Signature of funeral director C. H. Cozart

(b) Address Farmington, Missouri

19. (a) May 22, 1942 (Date received local registrar) (b) Byrdie B. Buhmester (Registrar's signature)

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

4
4
1

FEB 10 1943

61-77A

District Embalmers Office No. 4
District File Number 642-726
Date Filed 6-11-42

JUL 20 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.....

[Handwritten signature]

....., Registered Apprentice No.

working under my personal supervision.

Signed *[Handwritten signature: C. Hugo Cozcan]*

Licensed Embalmer No. 4084

P. O. Address *[Handwritten address: Farmington, Me.]*

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.