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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22516

State File No.

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 48

1. PLACE OF DEATH:

(a) County: Wilson

(b) City or town: Washington Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp # 3 Nevada Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 yrs 4 mo 5 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Camden 108

(c) City or town: Camdenton Rural 0 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JAMES W. WILLIAMS

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: FANNIE WILLIAMS

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business:

FATHER 12. Name: Charles Williams

FATHER 13. Birthplace (City, town, or county): England (State or foreign country)

MOTHER 14. Maiden name: Margaret

MOTHER 15. Birthplace (City, town, or county): Tennessee (State or foreign country)

16. (a) Informant: State Hosp # 3 Record

(b) Address: Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/5/42 (Month) (Day) (Year)

(c) Place: burial or cremation: State Hosp Cemetery

18. (a) Signature of funeral director: Hays Funeral Service

(b) Address: Nevada Mo

19. (a) June 5, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from September 1, 1942 to June 1, 1942 that I last saw him alive on June 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to: Paresis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 30 B
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: B. N. Jolly (M. D. or other) MD

Address: State Hosp # 3 Nevada Mo Date signed: 6/1/42

1231 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-764
Date Filed 7-13-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Allen V. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada 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.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22516

Registration District No. 875 Primary Registration District No. 6162 Registrar's No.

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: James W. Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Fannie

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

7. Birth date of deceased: November (Month) 18 (Day) 1874 (Year)

8. AGE: Years 67 Months 6 Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day
year 1942 hour minute 40 P.M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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
(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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-22516