

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 36

FILED JAN 11 1942

Primary Registration District No. 4194

Registration District No.

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(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
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1942 hour 9 minute 50 A.M.

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

Immediate cause of death Myocarditis
Duration 3 yrs.

Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
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 0

23. Signature Frank H. Rose (M. D. or other) M.D.
Address Albany, Mo. Date signed 12-18-42

3. (a) PRINT FULL NAME William Jackson 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 Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

8. AGE: Years 63 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Operator Pop Corn Stand

11. Industry or business " "

12. Name John S Williams

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

14. Maiden name Emily Ann Bulla

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

16. (a) Informant Miss Lucy Williams

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 12/20/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandyview

18. (a) Signature of funeral director Walter G. Smith

(b) Address Albany, Mo.

19. (a) 12-18-42 (b) Frank H. Rose (Data received local registrar) (Registrar's signature)

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

MOTHER FATHER

38
0

38
0

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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 J.M.
....., Registered Apprentice No.
working under my personal supervision.

Signed *W. H. ...*

Licensed Embalmer No. 3329

P. O. Address Albany, N.Y.

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.