

Filed JAN 11 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(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 5 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 615 So. Walnut St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ira Curry Williams

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Charlotte Williams

6. (c) Age of husband or wife if alive 1855 years

7. Birth date of deceased June 19 (Month) 1855 (Day) (Year)

8. AGE: Years 87 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation pool hall employe

MOTHER FATHER

11. Industry or business _____

12. Name George Williams

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

14. Maiden name _____

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

16. (a) Informant Miss Bess Williams

(b) Address Webb City Mo

17. (a) burial (b) Date thereof 12-23-42
(Month) (Day) (Year)

(c) Place: burial or cremation Maryville Cem. Maryville Mo.

18. (a) Signature of funeral director Pace Funeral Home

(b) Address Maryville Mo

19. (a) Dec 21, 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1942 hour 2:20 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Dec 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arterio Sclerosis
Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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 W.R. Jackson (M.D. or other) _____
Address Maryville Mo. Date signed 12-21-42

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Clem M Price*
Licensed Embalmer No..... *1822*
P. O. Address..... *Maryville 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.