

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 8 1943  
Registration District No. 254

Primary Registration District No. 4386

Registrar's No. ....

75  
0

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer  
(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 9 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Earl Endicott Williford

3. (b) If veteran, name war --

3. (c) Social Security No. 415-09-0330

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lou Pitts 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec. 21 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	-	12	hr. min.

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

10. Usual occupation Millwright

11. Industry or business

MOTHER FATHER

12. Name E. Williford

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

14. Maiden name Beatrice Davidson

15. Birthplace Evening Shade Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lou Williford

(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Williford, Ark.

18. (a) Signature of funeral director Geo. Carr

(b) Address Thayer, Mo.

19. (a) 2-17-43 (Date received local registrar) (b) Joe O. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3  
year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 1st 1942 to Jan 2nd 1943  
that I last saw him alive on Jan 2nd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Brain

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation Carcinoma of Brain removed in Oct 1942

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

23. Signature Joe O. Williams (M. D. or other) M.D.  
Address Thayer, Mo. Date signed 1-5-43

1112

Cooper

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**