

1. PLACE OF DEATH:

(a) County Daviness
(b) City or town Marion TWP. RR 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 RR#2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 yrs years, months or days

3. (a) PRINT FULL NAME Oliver G. 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 Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 27 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Bloomington 1 Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farming

12. Name Christopher Williams

13. Birthplace Unknown 1 Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Lydian Boyer

15. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille H. Coggrey

(b) Address Pattonsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cemetery

18. (a) Signature of funeral director E. Brown

(b) Address Pattonsburg Mo.

19. (a) 3-12-1943 (Date received local registrar) (b) J. O. Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviness
(c) City or town Pattonsburg RR
(If outside city or town limits, write "RURAL")
(d) Street No. RR#2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 2-19-43
19____ to 3-1-43 19____;
that I last saw him alive on 3-1-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 10 days

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 J. K. Knight (M. D. or other) DO

Address Pattonsburg Mo Date signed 3-2-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 24 1943

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 *E. S. Gromer*

Licensed Embalmer No. 2857

P. O. Address Pattonburg 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.