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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10281

Primary Registration District No. 5465

Registrar's No. 251

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Rogersville~~ Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. 2 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Strafford 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME David Victor Williams

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Elizabeth Williams

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February (Month) 11 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	17	hr. min.

9. Birthplace Cave Springd, ~~Mo~~ Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

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

16. (a) Informant Mrs. Bessie Williams
(b) Address Rt 2 Strafford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Brick Church Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield Mo 106

19. (a) 3-30-43 (Date received local registrar) (b) O. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day ~~Sunday~~ 28 year ~~1943~~ 1943 hour 12 30 minute A M.

21. I hereby certify that I attended the deceased from July 1943 to Hence attended by physician that I last saw him alive on Aug 1941 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Trouble Probably coronary occlusion

Due to Uremic Poisson

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. E. Handley Health Off. (M.D. or other)

Address Springfield Mo Date signed 3/31/43

(Licensed Embalmer's Statement on Reverse Side)

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.....T. W. Maples.....

Licensed Embalmer No.....2985.....

P. O. Address.....Clever 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.