S. No. 2
1—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1944

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5834

State File No. 34914

Registrar's No. 21.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Marion Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Neosho Mo, R.F.D. # 5, About 4 Miles Southwest of Diamond
(If not in hospital or institution, write [illegible] location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

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

(d) Street No. Neosho Mo R.F.D. # 5
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DANIEL THOMAS, WILLIAMS

3. (b) If veteran, name war [illegible]

3. (c) Social Security No. [illegible]

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife [illegible]

6. (c) Age of husband or wife if alive [illegible] years

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

8. AGE: Years 89 Months 8 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William M. Williams
13. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Sarah J. Carver
15. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant MRS. EVA GOODWIN
(b) Address Neosho Mo R.F.D. # 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 28 (Day) 1944 (Year)
(c) Place: burial or ~~cremation~~ Boyd Cemetry

18. (a) Signature of funeral director Chas W Williams
(b) Address Goodman MO

19. (a) 9-30-44 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1944 hour 5 minute O.P. M.

21. I hereby certify that I attended the deceased from Several years, 19..., to Sept 5, 1944
that I last saw him alive on Sept 4, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Prostate + chronic Nephritis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 51b
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)
(d) Did injury occur in or about home, on farm, in industrial place, [illegible] place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R C Lawson (M. D. ~~or other~~)
Address Neosho Mo Date signed 9/26/44

1 3 1 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 13 1944

District Health Officer No.

District File Number 944-203

Date Filed OCT 13 1944

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 Marielen Prickett

Licensed Embalmer No. 4166

P. O. Address Goodman, 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.