

V. S. No. 2  
FORM-9-4-41  
Rev. 5-17-39  
I X29484

FILED DEC 26 1944

Registration District No. **7**

Primary Registration District No. **3068**

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **State Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **28 days**  
(Specify whether years, months or days)

In this community **28 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Franklin**

(c) City or town **Pacific, Mo. 14**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elmore E. Williams**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 7 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**  
year **1944** hour **1:45** minute **2** P. M.

21. I hereby certify that I attended the deceased from **12-13 - 1944** to **12-17 1944**  
that I last saw him alive on **12-16 - 1944**  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>76</b>	<b>2</b>	<b>10</b>	hr. _____ min. _____

Immediate cause of death **Chronic myocarditis**

Due to **Arterio sclerosis**

Due to **93d**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace **Paris, Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Worker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Samuel Williams**

13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

14. Maiden name **Julia Ann?**

15. Birthplace **Tenn** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lorena Proctor**

(b) Address **Box 33, Pacific, Mo**

17. (a) **Burial** (b) Date thereof **12-21-44**  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pacific Mo**

18. (a) Signature of funeral director **Wm. Pryce**

(b) Address **10031 Division St**

19. (a) **12-17-1944** (b) **Joe Morankoff**  
(Date received local registry) (Registrar's signature)

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 **Forrest Thomas** (M. D. or other) \_\_\_\_\_  
Address **Fulton Mo** Date signed **5/7/44**

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

14  
1  
2

-94  
2/22/44  
2 copies

DEC 27 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: *Clark Young*

Licensed Embalmer No. *3371 J.*

P. O. Address. *St. Louis*

**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.**