

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16316

State File No.

FILED JUN 12 1945

Registration District No. 3006 Primary Registration District No. 3006 Registrar's No. 150

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether in this community 4 1/2 Years years, months or days)

3. (a) PRINT FULL NAME WALTER SCOTT 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 Married

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 11 - 20 - 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 6 4 hr. min.

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

10. Usual occupation Retired Professor

MOTHER FATHER {

11. Industry or business

12. Name Oliver Davis Williams

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Houx

15. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Scott Williams

(b) Address 818 Virginia Ave., Columbia, Mo.

17. (a) Removal (b) Date thereof 5-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-26-1945 (b) G. Adna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 818 Virginia Ave.
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 1945 year hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 19 1945 to May 24 1945 and that I last saw him alive on May 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Aplastic Anemia ?

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 73d

Major findings: Of operations

Of autopsy Anemia

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 E. D. Bessett (M. D. or other) M.D.

Address Columbia, Mo. Date signed 5/26/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-11-45

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 M. S. McRitchies

Licensed Embalmer No. 3893

P. O. Address Columbia 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.