

**FILED** FEB 11 1946

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1007 Ridenbaugh Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan /  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1007 Ridenbaugh Street /  
(If rural, give location) /  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Andrew Jackson Williams

3. (b) If veteran, name war. No 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 Lydia Belle Williams 6. (c) Age of husband or wife if alive. 79 years  
7. Birth date of deceased January 22 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 11 29 hr. min.

9. Birthplace Fort Dodge Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Burlington

11. Industry or business Railway

MOTHER FATHER { 12. Name John Williams  
13. Birthplace Dayton Ohio /  
(City, town, or county) (State or foreign country)  
14. Maiden name Rhoda Snodgrass  
15. Birthplace Unknown Indiana /  
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia B. Williams  
(b) Address 100 Ridenbaugh, -St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/ 1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffen  
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Jan. 26, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st.  
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 1-5-46 to 1-15-46  
that I last saw him alive on 1-15-46  
and that death occurred on the date and hour stated above.

Immediate cause of death old cerebral hem. and thrombosis Duration

Due to Gen. arteriosclerosis

Due to .....

Other conditions Chr myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
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) (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 Me Ginnies (M. D. or other)  
Address Kirkpatrick Bldg. Date signed 1-22-46

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

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**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..... *Albert E. Harrington* .....

Licensed Embalmer No..... 3258 Missouri .....

P. O. Address..... St. Joseph, Missouri.....

**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.**