

No. 2
-2-43
-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2884

State File No. _____
Registrar's No. 4

Registration District No. 137 Primary Registration District No. 5023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution:
3rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 3rd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles H Williams
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1
year 1946 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 1-1-46, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mattie Williams 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased: 4 (Month) 5 (Day) 1860 (Year)

Immediate cause of death Senility
Due to prostatic enlargement
Due to cystitis

8. AGE: Years Months Days If less than one day
85 8 26 hr. min.
9. Birthplace Clinton (City, town, or county) MO (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 137W
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Merchant
11. Industry or business _____
12. Name Samuel Williams
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Almora Mayes
15. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mattie Williams
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 1 4 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carglewood Cem
18. (a) Signature of funeral director: Fred Williams
(b) Address Clinton Mo
19. (a) 1-2-1946 (b) R. R. Kenney
(Date received local registrar) (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?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Geo. J. V. [Signature] (M.D. or other) _____
Address Clinton Mo Date signed Jan 2 46

120 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Department of Health Officer No. 0,

Case No. 1-46-24

Date Filed 2-5-46

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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.