

FILED FEB 13 1946

Registration District No. 382

Primary Registration District No. 5548

State File No. _____

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Armstrong "Rural" (Prairie)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Armstrong (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Liam Williams, Jr.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced yes

6. (b) Name of ~~husband~~ or wife Lulia Williams

6. (c) Age of ~~husband~~ or wife if 69 years

7. Birth date of deceased Feb (Month)

3 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>23</u>	hr. min.

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

10. Usual occupation Fatming

11. Industry or business X

12. Name Tip Williams

13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

14. Maiden name Alice Harvey

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

16. (a) Informant Lulia Williams

(b) Address Armstrong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Boonoke Cemetery

18. (a) Signature of funeral director Mary Oldaker

(b) Address Armstrong, Mo.

19. (a) 2-4-46 (Date received local registrar) (b) Joe King (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1946 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from 1-26-46 to 1-26-46, 1946
that I last saw him dead alive on 1-26- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus
Due to Ch. Arteriosclerosis

Duration 1 day

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations §315
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?

(Specify type of place)
While at work? (e) Means of injury _____

23. Signature W. Bloom (M. D. or other) M.D.
Address Fayette Mo Date sig. 2-2-46

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

730

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 Mary Oldaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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.