

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **4505**

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
300 Frisco
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Monett
(If outside city or town limits, write "RURAL")
 (d) Street No. 300 Frisco
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daymond Talyor 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 single

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

7. Birth date of deceased December 14 1858
(Month) (Day) (Year)

| | | | | |
|---------|--------------------|--------------------|-------------------|--|
| 8. AGE: | Years <u>87</u> | Months <u>1</u> | Days <u>17</u> | If less than one day hr. _____ min. _____ |
|---------|--------------------|--------------------|-------------------|--|

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER, FATHER

12. Name John Williams

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

14. Maiden name Mary Talyor

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

16. (a) Informant Martian Williams

(b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof 2-3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie

18. (a) Signature of funeral director Culver Funeral home

(b) Address Cassville, Missouri

19. (a) 5-30-46 (b) W.M. Weed
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st
year 1946 hour 5 minute _____ P.M.

21. I hereby certify that I saw the deceased from on Jan 31, 1946 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Apparently a heart attack

Due to Old age

Due to _____

Other conditions 162b
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 J.D. Buchanan Coroner
Address Monett Mo Date signed 1-31-46

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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 *Margaret Culver*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.

Registration District No. 13 Primary Registration District No. 3003

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 300 West
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daymond J. Williams
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 19 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Day 31
year 1996 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death apparently a heart attack

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Due to _____
Due to old age
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation Retired farmer
11. Industry or business _____
12. Name John Williams
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Mary Falyon
15. Birthplace MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Martin Williams
(b) Address Monett, MO
17. (a) _____ (b) Date thereof 2-3-96
(Burial, cremation or interment) (Month) (Day) (Year)
(c) Place: burial or cremation Kings Plains
18. (a) Signature of funeral director Culbert Funeral Home
(b) Address Carrollton, MO
19. (a) (3-30-96) (b) (W.M. West)
(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)
() Means of injury _____
23. Signature J.D. Buchanan (M. D. or other) _____
Address Monett, MO signed _____

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

SUPPLEMENTARY

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