. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12322

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 498

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: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OTIS J. WILLIAMS
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ollie Mae
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 19, 1902 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	0	8	hr. min.

9. Birthplace St. Joseph, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business Self
MOTHER FATHER
12. Name James A. Williams
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Davis
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Nellie Bokay (sister)
(b) Address R.F.D. # 6, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moria
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) May 1, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 7 minute 05 A.M.
21. I hereby certify that I attended the deceased from April 24, 1946, to April 27, 1946; that I last saw him alive on April 26, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of liver	1 yr.
Hemorrhage from esophageal varicosities	1 day
Due to Chronic alcoholism	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Gabriel Wortley, M.D. (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 4-29-46

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.