

S. No. 2  
M-5-43  
5-17-39  
I X36871

STANDARD CERTIFICATE OF DEATH

State File No. 16521

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 18

1. PLACE OF DEATH:

(a) County IRON  
(b) City or town ARCADIA (RURAL)  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 4:7  
(c) City or town ARCADIA (RURAL) 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WASHINGTON 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 MARRIED  
6. (b) Name of husband or wife MALVINA WILLIAMS  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: MARCH 9 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 2 18 hr. min.

9. Birthplace ARCADIA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business \_\_\_\_\_

12. Name GEORGE WASHINGTON WILLIAMS

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

14. Maiden name UNKNOWN

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

16. (a) Informant MR. EUGIE GLEN WILLIAMS

(b) Address ARCADIA MISSOURI

17. (a) BURIAL (b) Date thereof 5-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY CEMETERY

18. (a) Signature of funeral director Geo. P. Luebel

(b) Address Dronton, Missouri

19. (a) May 29-46 (b) Miss Ann Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27  
year 1946 hour 7 minute 50 A.M.  
21. I hereby certify that I attended the deceased from May 1st  
1946 to May 27th 1946  
that I last saw him alive on May 1st 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Bac. lateral Bronchial pneumonia  
and pharyngitis - 5/25/46  
Due to: ① Remittent ?  
② cancer of face ?  
③ malnutrition ?  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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 P. E. Farland (M. D. or other) Om 28  
Address Dronton, Mo Date signed 5/28/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 646-2219  
Date Filed 6-8-46

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.....

Not Embalmed...... Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo. P. Louchel.....

Licensed Embalmer No. 3475.....

P. O. Address Orton, 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.