

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17481

State File No. _____

FILED JUN 6 1946

Registration District No. 234

Primary Registration District No. 5816

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural, Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None, 3 Miles North Florence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles N Florence 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Robert Walter Williams

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Linnie Williams 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January, 31st 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Robert W. Williams

13. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary S. Cramer

15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Linnie Williams

(b) Address Florence, Missouri

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

(c) Place: burial or cremation Florence, Missouri

18. (a) Signature of funeral director Jessie E. Richard

(b) Address Jessie E. Richard, 222

19. May 4th 1946 (b) Jessie E. Richard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1946 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov 29
45 to May 2nd 1946
that I last saw him alive on April 29th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration Several months

Due to _____

Due to _____

Other conditions Gastive hemorrhage due to
Cancer of Stomach -
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN
Of operations _____

Of autopsy none 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 W. G. Gunn (M. D. optional)

Address Versailles Mo Date signed 5/3/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

16381

RECEIVED
District Officer No. 7,
DEPT. OF HEALTH
Date filed 5-46-46
6-5-46

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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.