S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1946

State File No. 19474

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 131

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

18350

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 South 1st St (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 Mo. (b) County Boone

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 4. So. 1 St (If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Diggs Williams

3. (b) If veteran, name war

3. (c) Social Security No. 486.12.1644

4. Sex M. 2

5. Color or race Colored

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ /

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 16 (Day) 1889 (Year)

8. AGE: Years 56 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laboror

11. Industry or business

FATHER
12. Name Geo. Williams
13. Birthplace Ky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Sallie Diggs
15. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Pearl Williams

(b) Address 4. So. 1 St. Columbia. Mo

17. (a) Columbia Cem (Burial, ~~cremation~~, or removal) (b) Date thereof 6 (Month) 7 (Day) 46 (Year)

(c) Place: burial or ~~cremation~~ Columbia

18. (a) Signature of funeral director A. C. Freeman

(b) Address 608 Parkeave Columbia Mo

19. (a) 6-6-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5 year 1946 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from June 3, 1946 to June 6, 1946 that I last saw him alive on 6/6 - 3 PM, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration

Due to Gen Arterio Sclerosis

Due to High Blood Pressure

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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 Stephen Smith (M. D. or other)

Address Columbia Date signed 6/7/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-8-46

FEB 27 1958

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 A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave. Columbia 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, above space should be left blank.