No. 2
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20070

Registration District No. 139 Primary Registration District No. 4218 Registrar's No. 132

1. PLACE OF DEATH:

(a) County: Henry

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

(c) Name of hospital or institution: 804 E. Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry

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

(d) Street No.: 804 E. Jackson
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Thomas Edwin 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: Icy P. Williams

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: Feb. (Month) 9 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	12	hr. min.

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

10. Usual occupation: Teamster

11. Industry or business:

FATHER
12. Name: Chas. B. Williams
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jobe
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lum Sidwell
(b) Address: Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Mo.

19. (a) 6-27-46 (Date received local registrar) (b) R. H. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1946 hour 6:00 p m minute M.

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

Immediate cause of death	Duration
Coronary Embolism	3 min.
Due to: Myocarditis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
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: T. A. Blackmore (M. D. or other) M.D.
Address: Windsor, Mo. Date signed: 6-22-46

120

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-46-658
Date Filed 7-3-46

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Edward M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.