S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32838

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1226

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: 221 W. Nebraska
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 221 W. Nebraska
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME George Gabriel Williams
3. (b) If veteran, name war No.
3. (c) Social Security No. 500-09-6124
4. Sex Male 2
5. Color or race Negro
6. (a) ~~Single~~, widowed, married, ~~divorced~~ married
6. (b) Name of ~~husband or~~ wife Henrietta P. Williams
6. (c) Age of ~~husband or~~ wife if alive 66 years
7. Birth date of deceased March (Month) 5 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	24	— hr. — min.

9. Birthplace Cameron (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Laborer
FATHER
12. Name Benjamin Williams
13. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Rosa Anna Carter
15. Birthplace Owenton (City, town, or county) Va. (State or foreign country)
16. (a) Informant Mrs. Henrietta Williams
(b) Address 221 W. Nebraska
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Wm. H. Alexander
(b) Address St. Joseph, Mo.
19. (a) Nov. 1, 1946 (Date received local registrar) (b) H. J. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 - 1946
year hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from 8/17, 1946, to 10-29, 1946
that I last saw him alive on 9/14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nitrae Insufficiency — Duration a few months
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis — a few weeks
Major findings:
Of operations
Of autopsy

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

31 B

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 Fenton N. Goodson (M. D. or other)
Address 109 1/2 W. Mo. St. Joseph, Mo. Date signed 10/31-46

34 (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 Wm. H. Alexander, Registered Apprentice No. 402, working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

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: