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 SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32873

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 332

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ash Hill Twp.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME Jesse E. 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 Clara Williams
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug (Month) 22 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	9	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Alan Williams
13. Birthplace Ark. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nerva Jane Frazier
15. Birthplace Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Lelora Williams
(b) Address Fisk Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill
18. (a) Signature of funeral director Shelby Funeral Home
(b) Address Fisk Mo.
19. (a) 10/5/46 (Date received local registrar) (b) R. Brunette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1946 hour 6 minute 15 p. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Fracture skull
Due to Team runaway
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

Duration: 8

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) accident 12
(b) Date of occurrence Oct 1-1946
(c) Where did injury occur? Fisk (City or town) Butler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? industrial Place 3
(Specify type of place)
While at work? yes (e) Means of injury Team runaway
23. Signature George W Green (M. D. or other)
Address Poplar Bluff Mo Date signed 10/5-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Office No. 2
District File Number 046-1240
Date Filed 10-15-86

MAR 31 1948

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.