

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 2 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18465

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 447

Registrar's No. 51

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

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town Hennietta  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (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

**3. (a) PRINT FULL NAME** Jobe Williams  
 3. (b) If veteran name war World War I  
 3. (c) Social Security No. 711-12-4654

4. Sex Male 5. Color of race Caucasian  
 (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Milissie Williams alive 50 years  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 10, 1897  
 (Month) (Day) (Year)

**8. AGE:** Years 50 Months 2 Days 3  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Henry Williams  
 13. Birthplace Hennietta Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mollie Daughton  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Milissie Williams  
 (b) Address Hennietta Mo

17. (a) Burial (b) Date thereof 5-17-1947  
 (Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Richmond Mo  
 18. (a) Signature of funeral director Green and Sons  
 (b) Address Lynnwood Mo

19. (a) May 14 - 47 Mabel Jackson  
 (Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 13 year 1947 hour 10 minute 55 A.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 Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 94A  
 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?  
 While at work? yes (Specify type of place) \_\_\_\_\_ (e) Means of injury 3  
 23. Signature W. F. Baker coroner.  
 (M. D. or other)  
 Address Richmond Mo Date signed 5-14-47

RECEIVED

District Health Officer, No. 6.

District File Number \_\_\_\_\_

Date *5-29-47* \_\_\_\_\_

*MS 8 1947*  
*JUL 18 1947*

*JUN 11 1947*

*JUN 3 1947*

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 *George A. Gann* \_\_\_\_\_

Licensed Embalmer No. *4220* \_\_\_\_\_

P. O. Address *Essexton, 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.