

FILED JUN 2 1947

State File No. _____

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 13

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town CLARK TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 yrs
years, months or days

3. (a) PRINT FULL NAME John Elmer Williams

3. (b) If veteran, name war World War I 3. (c) Social Security No. NONP

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORENCE GUSTAFSON 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased AUG 11 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace MACEDONIA IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK - DRUGGIST - I

11. Industry or business - RETIRED

12. Name: John Williams

13. Birthplace New York City New York
(City, town, or county) (State or foreign country)

14. Maiden name NAT KNOWN

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Williams

(b) Address R-I. Norwood mo.

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

(c) Place: burial or cremation Roseford Cemetery

18. (a) Signature of funeral director J. A. Steffe

(b) Address MANSEFIELD MO.

19. (a) 5-5-47 (b) Mrs. A. R. Worsham
(Date received local registrar) (Registrar's signature)
by M. J. ... (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: CLARK TWP

(a) State MISSOURI (b) County WRIGHT 114
(c) City or town CLARK TWP - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 N. E. S. WEST OF NORWOOD MO.
(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 2
year 1947 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from MAY 2 1947 to MAY 2 1947

that I last saw him alive on MAY 2 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Anginal Infarction Duration _____

Due to Coronary Thrombosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: gHA

Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (D. or other) _____

Address [Address] Date signed 1947

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 547-570

Date Filed MAY 22 1947

JUN 4 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 *F. A. Steffe*

Licensed Embalmer No. 3221

P. O. Address Manassas Va.

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.