

No. 2
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5-17.39
X47070

FILED JUL 14 1947

Registration District No. _____

Primary Registration District No. **6370**

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

1. PLACE OF DEATH:

(a) County **Daviess**

(b) City or town **"Rural" Union Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1/2 Mile South Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **Most of Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess** **31**

(c) City or town **"Rural" Union Township** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **1/2 Mile South Gallatin, Mo.** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **John Wesley Williams**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** **0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Grace Williams**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **September 29 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 7 9 hr. min.

9. Birthplace **Broadripple Indiana** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

MOTHER FATHER {

12. Name **Washington W. Williams**

13. Birthplace **Unknown Indiana** /
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Jane Newman**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace Williams**

(b) Address **Gallatin, Mo.**

17. (a) **Burial** (b) Date thereof **5-20-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Mo.**

19. (a) **6-4-47** (b) **Vigueria M. England**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**
year **1947** hour **4** minute **40** P.M.

21. I hereby certify that I attended the deceased from **May 30 1946** to **May 18 1947**
that I last saw him alive on **May 18 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Duration **8 months**

Due to _____

Due to _____

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

Major findings: **3 B**

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 _____ (Specify type of place) (e) Means of injury **0**

23. Signature **J. B. Graham** (M. D. or other) **0**

Address **Gallatin, Mo.** Date signed **5/29/47**

J. B. Graham

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *L. O. Richerson*.....

Licensed Embalmer No. *3302*.....

P. O. Address *Gallatin, 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.