

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23526**  
Registrar's No. **27**

Registration District No. **46**

Primary Registration District No. **4063**

1. PLACE OF DEATH:

(a) County **Caldwell**

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

(c) Name of hospital or institution: **XXX**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XXX** (Specify whether years, months or days)

In this community **60 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell** / 3

(c) City or town **Hamilton** /  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Floyd Early Williams**

3. (b) If veteran, name war **XXX**

3. (c) Social Security No. **XXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18th.**  
year **1947** hour **6** minute **45 PM.**

21. I hereby certify that I attended the deceased from **July 17**, 19**47**, to **July 18th**, 19**47**.  
that I last saw him alive on **July 18**, 19**47**, and that death occurred on the date and hour stated above.

4. Sex **Male** 0

5. Color or race **white**

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

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

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **March 19 1871**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Arteriosclerosis Occlusion** 2 days

Due to **Coronary Arteriosclerosis** 2

Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>3</b>	<b>29</b>	<b>XX</b> hr. <b>XX</b> min.

9. Birthplace **Carroll Co. Va.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Auctioneer**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name **Early Leifwich Williams**

13. Birthplace **Carroll Co. Va.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eveline Francis Coltrane**

15. Birthplace **Carroll Co. Va.**  
(City, town, or county) (State or foreign country)

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

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

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

(c) Place: burial or cremation **Highland Cem. Hamilton, Mo.**

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)

(c) Means of injury \_\_\_\_\_

23. Signature **Herbert R. Birch** (M. D. or other) **MD**

Address **Hamilton Mo** Date signed **7/19/47**

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

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

19. (a) **July 23, 1947** (b) **Clady Jones**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SEP 22 1964

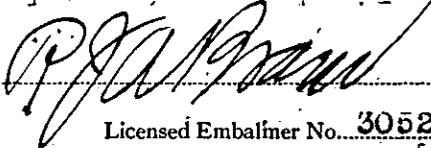
**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

..... **R. Lester Bram** : ....., Registered Apprentice No. **456**  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. **3052** .....

P. O. Address **Hamilton, 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.**