S. No. 2
M—8-43
5-17-39
R I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24944

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 155

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Frances Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Hopkins 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edgar Lee Williams
3. (b) If veteran, name war
3. (c) Social Security No. 512-01-4138
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Williams
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Dec. (Month) 17 (Day) 1902 (Year)

8. AGE: Years 44 Months 7 Days 3 Less than one day hr. min.

9. Birthplace Taylor County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Mechanic and Welder
11. Industry or business
FATHER 12. Name Riley Williams
13. Birthplace Wilksville (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Laura Goodrich
15. Birthplace Taylor County (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs Opal Williams
(b) Address Hopkins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hopkins, Mo.
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo
19. (a) 7/26/47 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Mch 1, 1947, to July 20 1947
that I last saw him alive on 7/19 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 hr.
Due to Myocardial degeneration	3 mo
Due to Nephritis	1 yr
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.

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature C. W. Kirk (M. D. or other) MD
Address Hopkins Date signed 7/22/47

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1941

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 ..... Myself ....., Registered Apprentice No. .....,
working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.