

No. 2
1-5-43
5-17-39
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FILED MAR 29 1948

State File No.

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 33

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 NORTH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24
(c) City or town EXCELSIOR SPRINGS 1
(If outside city or town limits, write "RURAL")
(d) Street No. 114 NORTH STREET 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW LORD WILLIAMS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MABLE WILLIAMS 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased APRIL 11 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace AUGUSTA GEORGIA
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business GROCERY

MOTHER FATHER { 12. Name UNKNOWN 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Williams

(b) Address 114 NORTH - EXCELSIOR SPRINGS

17. (a) BURIAL (b) Date thereof 3-14-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD - EX. SPRGS, Mo.

18. (a) Signature of funeral director Claude Richard

(b) Address EXCELSIOR SPRINGS, Mo.

19. (a) 3/14/48 (b) Caroline Butcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11TH
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 8
1948 to March 11 1948
that I last saw him alive on March 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 3 days 48
Duration

Due to _____

Due to _____

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

Major findings: 93A
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 0

23. Signature A. M. Craden (M. D. or other) M.D.
Address Excelsior Springs, Mo. Date signed 3/12/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-26-48

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 _____

Lincoln K. Jernan, Registered Apprentice No. 88
working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Emelian Springs, 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.