

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17220
Registrar's No. 28

Registration District No. 291

Primary Registration District No. 4433

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(c) Name of hospital or institution: Monroe Hospital & Clinic
(d) Length of stay: In hospital or institution three hours
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Unionville Rural
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Wesley Nolden Williams
(b) If veteran, name war ##
(c) Social Security No. ##

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4, day 28, year 1948 hour 10:45 minute M.
21. I hereby certify that I attended the deceased from April 28 1948 to April 28 1948
that I last saw him alive on April 28 1948 and that death occurred on the date and hour stated above.
Immediate cause of death: prematurity (6 months baby)

4. Sex M
5. Color W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 28 1948

Duration
Due to
Other conditions
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day 3 hours
9. Birthplace Unionville Mo.
10. Usual occupation none

PHYSICIAN
Underline the cause to which death should be charged statistically.
159

MOTHER FATHER

11. Industry or business
12. Name JR Edward Williams
13. Birthplace Iowa
14. Maiden name Cora J. Branscomb
15. Birthplace S Deoota
16. (a) Informant Edward Williams
(b) Address Unionville, Mo.
17. (a) Burial (b) Date thereof 4-28 1948
(c) Place: burial or cremation Pherigo
18. (a) Signature of funeral director Husted & Son
(b) Address Unionville Mo.
19. (a) 4-30-48 (b) Maxwell Durbin

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature Phas L. Husted (M. D. or other)
Address Unionville Mo. Date signed 4/29/48

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

RECEIVED
District Health Officer No. 10
District File Number 5-48-913
Date Filed MAY 21 1948

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. O. Hirstad

Licensed Embalmer No.

2975

P. O. Address

Unionville

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.