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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.
FILED JUL 26 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22303

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 774

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital no 2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether

In this community 19 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. Convalescent Home 8 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Oscar Williams

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife not given 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 23 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	75	8	26	hr. min.

9. Birthplace ---- (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace " (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Maxine Williams

(b) Address 2840 Forest Ave. K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Vaughn Funeral Home

(b) Address Wiston Mo.

19. (a) 7-20-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) RKD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1948 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 30, 1948, to July 19, 1948; that I last saw him alive on July 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Arteriosclerosis	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Forrest Thomas (M. D. ~~or other~~)

Address St. Joseph Mo. Date signed 7/19 48

(Licensed Embalmer's Statement on Reverse Side) To State Hospital No 2

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.