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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33789

State File No. _____

Registration District No. 293

Primary Registration District No. 6016

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town rural--Salt spring township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly--R.F.D. #2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lum Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1948 hour 2:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 22 1948 to Oct 22 1948
that I last saw him alive on Oct 22 1948
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife Mary L. Williams

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: July 18 1885
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Duration 1 week

8. AGE: Years 94 Months 53 Days 5
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farming

Major findings:
Of operations none

Of autopsy none

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

11. Industry or business _____

12. Name Frank Williams

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L. Williams

(b) Address Moberly, Missouri; R.F.D. #2

17. (a) burial (b) Date thereof 10/24/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke, Missouri

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

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville, Mo

19. (a) 10-23-1948 (b) me B.A. Barnhart
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. Preyer (M. D. or other) MD

Address Huntsville, Mo Date signed 10/23/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-48-1837

District File OCT 26 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, W

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.