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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4737

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Cameron, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 604 E. 4th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Monty Ray Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Goldie Viola

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 6 (Day) 1882 (Year)

8. AGE: Years 66 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Holt County (City, town, or county) Mo (State or foreign country)

10. Usual occupation Grocerman

11. Industry or business

FATHER
12. Name Henry C. Williams
13. Birthplace Rokomo (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Annie C. Patterson
15. Birthplace Savanah (City, town, or county) Mo (State or foreign country)

16. (a) Informant Victor R Williams
(b) Address Cameron, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cameron Mo

18. (a) Signature of funeral director Ryland Funeral Home
(b) Address 222 W 3rd Cameron, Mo

19. (a) 11-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1948 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from November 14, 1948, to November 18, 1948, that I last saw him alive on November 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ventricular fibrillation	5 minutes
Due to Myocardial Infarction	6 days
Due to Coronary Artery Sclerosis	6 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 950
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?
Graham Asher (Specify type of place)
While at work? (e) Means of injury

23. Signature Graham Asher (M. D. or other) M.D.
Address 1220 Professional Bldg Date signed Nov 19 1948

(Licensed Embalmer's Statement on Reverse Side)

Dr G. asher

Rm - 351

m 8/8
Proff. Bldg.
2-4 pm

DEC 22 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 George R. Trammell

Licensed Embalmer No. 4425

P. O. Address 224 W. 4th

Cameron, 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.