

1939 APR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9897
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 24
 (b) Township Expire Primary Registration District No. 4018
 (c) City Ladsonia (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Widaman

(a) Residence, No. Ladsonia, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Nelle Widaman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 6 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. odd jobs
 10. Date deceased last worked at this occupation (month and year) Feb 28 1939 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 FATHER 13. NAME Wm Widaman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Sarah Elizabeth Alcott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT (ADDRESS) Nelle Widaman Ladsonia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ladsonia, Mo. March 20 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Grainger Ladsonia, Mo.
 20. FILED 9-20 1939 W. K. McCall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939, to Mar 17, 1939. I last saw him alive on Mar 17, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

R. uncho pneumonia

Date of onset 3-17-39

Other contributory causes of importance:

Arteriosclerosis
Hypertension
Myocarditis

Don't know

Name of operation _____ Date of _____
 What test confirmed diagnosis? Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) W. K. McCall M.D.
 (Address) Ladsonia, Mo.

WHILE SERVING WITH OUR ARMY IN THE MIDDLE EAST, THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I-X(4)23

RECEIVED

District Health Officer, No. 10

District File Number 10-39-525

Date Filed APR 19 1939

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,

H. G. Granger

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

H. G. Granger

Licensed Embalmer No. 12197

P. O. Address Ladonia, Md.

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, above space should be left blank.