

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County MONROE MARION
(b) City or town RURAL MONROE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 MI. N. MARION 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 4 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MI. S.W. OF PARIS.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME JAMES ROBERT WILLIAMS

3. (b) If veteran, name war 3. (c) Social Security No. 450

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SARAH T. WILLIAMS 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased JUNE 4, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>85</u>	<u>6</u>	<u>27</u>	hr. min.
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9. Birthplace MONROE Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name DAVID WILLIAMS
13. Birthplace KY
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name MARGRET SIMPSON
15. Birthplace MONROE Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Robinson
(b) Address Madison Mo.

17. (a) BURIAL (b) Date thereof MAY 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT AILEY CHURCH

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) 3-2-40 (b) Wm. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1940 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes Duration 3 1/2 hrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

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? _____

While at work? (Specify type of place) _____
(e) Means of injury _____
23. Signature Russell M. Wilson (M. D. or other) _____
Address Monroe City, Mo. Date signed 3/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 10

District File Number 3-40-657

Date Filed MAR 13 1940

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.