

FILED APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11997

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 West 10th Street
(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

3. (a) PRINT FULL NAME Joseph Bohon Williams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Celestia M. Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 8 _____ hr. _____ min.

9. Birthplace Versailles Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Railroad

12. Name John S. Williams
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Florence Bohon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Celestia Williams
(b) Address Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/40
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Missouri

19. (a) 4/23/40 (b) Mrs. Mary Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 210 West 10th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1940 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 17 to April 27, 1940
that I last saw him alive on April 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis acute with suppression of urine
Due to _____

Due to Influenza infection
intestinal

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

Major findings: Of operations No operation
Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No accident
(b) Date of occurrence No accident
(c) Where did injury occur? No injury
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 112 W 4th Date signed 4/23/40

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Geo. Dillard*

Licensed Embalmer No. *3868*

P. O. Address..... *Sedalia, 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, above space should be left blank.