

Registration District No. 862

Primary Registration District No. 6135-452 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Texas
 (b) City or town Cabool
 (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 2
 (Specify whether years, months or days) 53 yrs
450

8. (a) PRINT FULL NAME David Elijah Williams

3. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex m 5. Color or race w. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Williams 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec 12 1872
 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Wash. Co. Va.
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Farmer

11. Industry or business _____

12. Name William Williams

13. Birthplace Va.
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Dixon

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

16. (a) Informant Mrs. David Williams

(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof March 18 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (a) Signature of funeral director Wayland V. Ellicott
 (b) Address Cabool Mo.

19. (a) April Mrs. Cloris Cunningham
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
 (c) City or town Cabool
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
 year 1940 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 8 1940 to 3 - 16 1940
 that I last saw him alive on 3 - 16 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis 3 mo.

Due to myocardial infarction

Due to _____

Other conditions 4381
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration

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? _____

(Specify type of place) _____
 (e) Means of injury _____

23. Signature J. T. Robertson (M. D. or other) _____
 Address Cabool Mo. Date signed 3-18-40

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.

RECEIVED

District Health Officer No. 5,

District File Number 440383

Date Filed 4/3/40

Signed Gaylord V. Elliott

Licensed Embalmer No. 3252

P. O. Address Cabool, 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.