

Registration District No. _____

Primary Registration District No. **4464**

Registrar's No. **103**

JUN 13 1940

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

1. PLACE OF DEATH:
 (a) County **St. Francis.**
 (b) City or town **Farmington.**
 (c) Name of hospital or institution: **At his home.**
 (If not in hospital or institution, write street number or location) **2**
 (d) Length of stay: In hospital or institution **70 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Luther Henry Williams. 452**
 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 **Nellie** 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **Nov. 21 1869.**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **10** If less than one day hr. _____ min. _____

9. Birthplace: **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation: **Banker**

11. Industry or business: **Asst. Cashier**
MOTHER FATHER
 { **12. Name** **Georgem Williams.**
13. Birthplace: **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Fermila Thomason**
15. Birthplace: **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant: **Harry Williams**
(b) Address: **Farmington Mo.**
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **5-3-1940.**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Farmington PARKVIEW**

18. (a) Signature of funeral director: **Richardson Funeral H.**
(b) Address: **Farmington Mo.**
19. (a) May 2-1940 (Date received at local registrar) (b) **T. J. Robinson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St Francis**
 (c) City or town **Farmington** (If outside city or town limits, write "RURAL")
 (d) Street No. **616 W. Columbia St.** (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** year **1940** hour **1** minute **36 P.** M.
21. I hereby certify that I attended the deceased from **9-1** to **5-1**, 19**40.**
 that I last saw him alive on **4-30**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decomp.**

Due to **1 + myocardial infarction - vascular disease**
 Due to **Chronic Arteriosclerosis**

Other conditions **Chronic Mastoiditis;**
Chronic capsulitis

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: **Richardson** (M.D. or other) **1940**
Address: **Farmington Mo.** Date signed **5-2-40**

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 Chas Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington 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.