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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31325

Registration District No. ____ Primary Registration District No. 4026 Registrar's No. 2

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

6

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Minden Mines (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

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Minden Mines (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Edward Lee 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 widowed

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

7. Birth date of deceased May 12th, 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Cedar CO, MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Miner 9

11. Industry or business ____

MOTHER FATHER
12. Name unknown 9
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) ____ (State or foreign country)

16. (a) Informant Clay Williamsz

(b) Address Minden Mines, MO.

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

(c) Place: burial or cremation Pankey Cemetery, Stockton, MO.

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) ____ (Date received local registrar) (b) Geo J. P. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1940 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from July 14, 1940, to July 15, 1940 that I last saw him alive on July 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration 2 Days

Due to Brietity

Due to 42

Other conditions (Include pregnancy within 3 months of death) F. R. Spell

Major findings: Of operations None

Of autopsy None

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (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)

42 While at work? None (e) Means of injury None

23. Signature F. R. Spell MD (MD or other) 1

Address Liberal Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3141

P. O. Address. Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.