

1-10-39
17-39
X21492

REC'D OCT 12 1940

1095

Primary Registration District No. 5310

Registrar's No. _____

I. PLACE OF DEATH:

(a) County Cooper
(b) City or town (Rural) South Moniteau
(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 20
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Clarksburg (Rural)
(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 Sept. day 9
year 1940 hour 4 minute XX M.
21. I hereby certify that I attended the deceased from Sept 29, 1940, to Sept 9, 1940;
that I last saw him alive on Sept 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Intestinalis
Due to perhaps to advanced age
Due to _____
Other conditions (Include pregnancy within 3 months of death) 46
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Robert Lindsley Williams

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betty Williams 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 31 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 8 hr. _____ min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Tandy Williams

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

14. Maiden name Jane Logan

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

16. (a) Informant H. E. Smith

(b) Address Clarksburg Mo

17. (a) Burial (b) Date thereof 9-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg Mo

18. (a) Signature of funeral director J. C. Richards
(b) Address Linton Mo

19. (a) 9-20-1940 (b) J. C. Richards
(Date received local registrar) (Registrar's signature)

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?
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While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. O. Keagy (M. D. or other) _____
Address Bonville Mo Date signed 9/9/40

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

10-8-40
District Health Officer No. 8,
District File No.
RECEIVED

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 James E. Richard
Licensed Embalmer No. 2466
P. O. Address Lipton, Va

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.