

No. 2
13-40
17-39

DEC 16 1940

Registration District No. **244**

Primary Registration District No. **3035**

Registrar's No. **109**

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

1. PLACE OF DEATH: **Richmond Mo. Ray**
 (a) County **Ray**
 (b) City or town **Richmond Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **none**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **home** (Specify whether)
 In this community **all life** years, months or days **71**

3. (a) PRINT FULL NAME **Willie B. Williams**
 3. (b) If veteran, name war **no** 3. (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 **Lucile Hill** 6. (c) Age of husband or wife if alive **13 1854**
 7. Birth date of deceased **March 13 1854**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **8** Days **4** If less than one day
 hr. min.

9. Birthplace **Ray Co. Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Major R. Williams**

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

14. Maiden name **Mary Adams**

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

16. (a) Informant **Arthur Williams**
 (b) Address **Richmond Mo.**

17. (a) **Burial** (b) Date thereof **Nov 18 - 40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Williams Cem.**

18. (a) Signature of funeral director **J. D. [Signature]**
 (b) Address **Richmond Mo.**

19. (a) **Nov 20 - 40** (b) **Malcol Jackson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Ray**
 (c) City or town **Richmond Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Camden Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **U. S. A.** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **16**
 year **1940** hour **10** minute **45 P.M.**
 21. I hereby certify that I attended the deceased from
 _____, 19____, to _____, 19____;
 that I last saw ~~him~~ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **Inst.**

Due to **Advanced Arterio Sclerosis**

Due to _____
 Other conditions **HTA**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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?
At 105 (Specify type of place) While at work (e) Means of injury _____

23. Signature **J. W. [Signature]** (M. D. or other) **MD**
 Address **Richmond Mo** Date signed **11-18-40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed.....
J.B. Brothers

Licensed Embalmer No. 2001

P. O. Address Richmond 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, fact should be so stated above.