. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42244

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 133

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville
(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 ---- (Specify whether years, months or days) In this community Life 21

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper

(c) City or town: Boonville Rural.
(If outside city or town limits write "RURAL")

(d) Street No.: Rural.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years. 0

8. (a) PRINT FULL NAME: Walter 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: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Aug. 29" (Month) (Day) 1877 (Year)

8. AGE: Years 63 | Months 3 | Days 22 | If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: On farm. 0,

MOTHER FATHER

12. Name: Walter Williams. 4

13. Birthplace: Wales 0 (City, town, or county) (State or foreign country)

14. Maiden name: Virginia Payne

15. Birthplace: Cooper County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: James Williams

(b) Address: Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23"/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Family Cem. 5 Mi. West of Boonville

18. (a) Signature of funeral director: Goodman & Hoffe

(b) Address: Boonville, Mo.

19. (a) 12-21-40 (Date received local registrar) (b) D. C. Hoopes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21" year 1940 hour 9 minute 15 a. M.

21. I hereby certify that I attended the deceased from Dec 19, 40, 19__, to Dec 21, 1940, that I last saw him alive on Dec 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	?
Due to:	
Due to:	
Other conditions: Enteritis (Include pregnancy within 3 months of death)	

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):

(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)

While at work? (e) Means of injury:

23. Signature: T. C. Beckett M.D. (M.D. or other)

Address: Boonville, Mo Date signed 12-21-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1-8-41
Date Filed

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 J. H. Goodwin

Licensed Embalmer No. 1178

P. O. Address Boonville, M

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, above space should be left blank.