FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18495

Local District No. 597 Primary Registration District No. 5792 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Rural - Moreau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Morgan
(c) City or town: 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.

3. (a) PRINT FULL NAME: Daniel F. 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: Married
6. (b) Name of husband or wife: Suzie Williams
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June (Month) 25th (Day) 1873 (Year)
8. AGE: Years 67 Months 11 Days — If less than one day ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER 12. Name: Joseph Williams
FATHER 13. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)
MOTHER 14. Maiden name: Sullivan Williams
MOTHER 15. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)
16. (a) Informant: Lulu Goodman
(b) Address: Versailles, Mo.
17. (a) 5-27-41 (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation: Big Rock Cemetery
18. (a) Signature of funeral director: H. T. Rudwill
(b) Address: Versailles Mo.
19. (a) 6-10-41 (Date received local registrar) (b) H. Callison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25 year 1941 hour 5 am minute a. m.
21. I hereby certify that I attended the deceased from Aug 13, 1940, to May 25, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris — Duration: 9 Mos
Due to: .....
Due to: Arteria Sclerosis — Don't Know
Other conditions: none (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? ..... While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature: W. A. Gunn (M. D. or other)
Address: Versailles Mo Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-41-1018
Date Filed 6-11-41

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 R. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles

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

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

2B
25-41
K27052

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 18495

Registration District No. 597 Primary Registration District No. 5792 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Rural - Moreau
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel F. Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 67 Months 11 Days If less than one day hr. min.
9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5-26-41 (Date received by registrar) (b) H E Callison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25 year 1941 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

S-18495 1941