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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27978

Registration District No. 1 54 — Primary Registration District No. 5189 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County: CARROLL

(b) City or town: WAKENDA Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) ~~Name of hospital or institution~~:
COMBS TWP, RURAL.
(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: CARROLL

(c) City or town: WAKENDA MO.
(If outside city or town limits, write "RURAL")

(d) ~~Street No.~~: COMBS TWP, RURAL.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: WALTER L. 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: S

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: AUG (Month) 2 (Day) 1875 (Year)

8. AGE: Years 65 | Months 11 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: DALTAN (City, town, or county) MO (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: .....

FATHER
12. Name: WILLIAM D WILLIAMS
13. Birthplace: LINN CO (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name: MARY ANN VICKARD
15. Birthplace: INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant: ROBERT L STEWART
(b) Address: 4333 VIRGINIA KANSAS CITY MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: SOUTH POINT CEMETERY

18. (a) Signature of funeral director: David J. Edwards
(b) Address: Bogworth Mo.

19. (a) July 19-1941 (Date received by local registrar) Mrs. A. G. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 41 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from between home & 12:30 PM & 2:00 PM that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: Deceased was found at home. Body on floor in middle of living room.

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 13d
Of autopsy: .....

Duration

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: A. E. L. Smith (M. D. or other) DO
Address: Tina, Mo. Date signed: 7-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 75-96-8
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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth Mo

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

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