

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32066

Registration District No. 581

Primary Registration District No. 4343

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution:
525 FIRST STREET.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community lifetime / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MONROE

(c) City or town MONROE CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 525 FIRST STREET
(If rural, give location)

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

3. (a) PRINT FULL NAME Clarence H. Williams

3. (b) If veteran, name war NI

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1941 hour about 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MALE

5. Color or race Negro

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 Oct 10th 1898
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Being struck by west bound freight No 67 on east side east of Monroe Mo. in Monroe City Mo.

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

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Monroe Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Common labor

11. Industry or business _____

MOTHER FATHER

12. Name Gerry Williams

13. Birthplace Monroe Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marion Sharp

15. Birthplace Monroe Co Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 169-8

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Williams

(b) Address 303 1/2 S. Canton Mo.

17. (a) Burial (b) Date thereof SEPT 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howel Cemetery, Monroe Co.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sept 21 1941

(c) Where did injury occur? Monroe City, Monroe Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On RR. track. (Specify type of place)

While at work? no (e) Means of injury _____

18. (a) Signature of funeral director Wilson & Spauld

(b) Address Monroe City Mo

19. (a) Sept 23 1941 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature E. R. Turner
Address Madison Mo Date signed 9/24/41

513 (Licensed Embalmer's Statement on Reverse Side)

OCT 2 1941

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~~ *B. M.*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Leslie L. Wilson

Licensed Embalmer No. *3014*

P. O. Address

Monroeville 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.