S. No. 2
—11-10-39
. 5-17-39
I X21492

108
8
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12308

State File No. 1

Registration District No. 8-75

Primary Registration District No. 6162

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township Vi (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp # 3 Nevada Mo! (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo 27 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Cleveland Mo. 0 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

3. (a) PRINT FULL NAME John R. 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 Widowed

6. (b) Name of husband or wife Geneva M. Williams

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

7. Birth date of deceased May (Month) 18 (Day) 1879 (Year)

8. AGE: Years 62 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Dous Williams
13. Birthplace (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Maria Wilson
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant State Hosp # 3 Records

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Mo.

18. (a) Signature of funeral director Mark Eichinger

(b) Address Nevada, Mo

19. (a) March 23, 1942 (Date received local registrar) (b) Dentry Steinerosa (Registrar's signature) By Vivian L Bryant

12.30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 7 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Dec 27 1941, 19, to March 23, 1942 that I last saw him alive on March 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Dementia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 162a	
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 B. N. Jolly (M. D. ~~or other~~) MD

Address State Hosp # 3 Nevada, Mo Date signed 3/23/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-425
Date Filed 4-14-42

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 Mark Eichinger
Licensed Embalmer No. 5656

P. O. Address _____

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, above space should be left blank.