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

92
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22159

State File No.

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 328

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: St Joseph O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Week (Specify whether
In this community One Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92 9 3

(c) City or town St Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 1145 Clay St
(If rural, give location)

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

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

3. (b) If veteran, name war None

3. (c) Social Security No 333-05-0044

4. Sex Male ()

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara A. Kessler

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 28 (Day) 1879 (Year)

8. AGE: Years 62 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Rock Falls (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Cafe Operator

11. Industry or business Cafe

FATHER
12. Name John K. Williams
13. Birthplace (City, town, or county) Penn. (State or foreign country)

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

16. (a) Informant Lawrence Buckley
(b) Address St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Moline Illinois

18. (a) Signature of funeral director Hackmann Bane
(b) Address St Charles Mo.

19. (a) June 8, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1942 hour 11th minute A. M.

21. I hereby certify that I attended the deceased from May 20, 1942, to June 8, 1942
that I last saw her alive on June 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ac Myocardial Degeneration 12 hrs

Due to Empyema Gall Bladder
Hyper Tension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 127a

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Vincent A. Schneider (M. D. or other) MD
Address St Charles Mo Date signed 6-18-42

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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, fact should be so stated above.