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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30333

Registration District No. 720 Primary Registration District No. 4197 Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Stanberry
(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
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Gentry 38
(c) City or town Stanberry 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME VINSON TAYLOR WILLIAMS
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of ~~husband or~~ wife Anna Lulu Williams
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 21 (Day) 1852 (Year)

8. AGE: Years 90 Months 2 Days 1 If less than one day ✓ hr. ✓ min.

9. Birthplace Carlinville (City, town, or county) Ill (State or foreign country)
10. Usual occupation retired Newspaper Man
11. Industry or business Newspaper
FATHER
12. Name Wiat Williams
13. Birthplace Va (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pennington Van Pert
15. Birthplace Va (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Doris Evans
(b) Address 6204 Shawnee Mission Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Stanberry Mo
18. (a) Signature of funeral director Laton F. Phillips
(b) Address Stanberry Mo
19. (a) 9/24/42 (Date received local registrar) (b) Homer H. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1942 hour 12 minute 45 P M.
21. I hereby certify that I attended the deceased from Jan. 30, 1939, to Sept. 22, 1942, that I last saw him alive on Sept. 21, 1942, and that death occurred on the date and hour stated above.
Immediate cause of death Acute Enteritis — Duration 1 Week
Due to ✓
Due to ✓
Other conditions ✓ (Include pregnancy within 3 months of death) 1200
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 F. J. Hinkley (M. D. ~~or other~~)
Address Stanberry, Mo Date signed 9/24/42

1108

(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 Laton H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry Md

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.