

REG-50 OCT 19 1942

Registration District No. 29145

Primary Registration District No. 2-2495866

Registrar's No. 8

1. PLACE OF DEATH: Iron
 (a) County Iron
 (b) City or town Rural - Buick
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 25 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME William Anderson Williams
 8. (b) If veteran, name war _____
 8. (c) Social Security No. ✓

4. Sex M. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Nancy Williams
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Feb - 21 - 1875
 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 28
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know
 18. Birthplace " " (City, town, or county) (State or foreign country)

14. Maiden name Don't know
 15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence Deason
 (b) Address Buick mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (Month) (Day) (Year)
 (c) Place: burial or cremation Boss Cemetery

18. (a) Signature of funeral director Habacuc Graham
 (b) Address Salem Mo.

19. (a) July 11 42 (Date received local registrar) (b) Max J. Rink (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 47
 (a) State Mo. (b) County Iron
 (c) City or town Rural Buick (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U.S.A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 19 year 1942 hour _____ minute 5A M.
 21. I hereby certify that I attended the deceased from Feb 4 1942 to June 3 1942
 that I last saw him alive on June 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiomyopathy of Stomach
 Due to Gastritis
 Other conditions (Include pregnancy within 3 months of death) H66

Major findings: Of operations ✓
 Of autopsy no

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 W. J. Dillman (M. D. or other)
 Address Salem Mo Date signed June 19 1942

PHYSICIAN
 Underline the cause to which death should be charged statistically.

REV. 5-17-39 WRITE MAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4
District File Number 1042-119
Date Filed 10-9-42

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.....

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, above space should be left blank.