S. No. 2
M—5-42
5-17-39
1 X32873

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Bennart 36662

Registration District No. 3 8 — Primary Registration District No. 3 0 0 6 - 5 1 2 0 — Registrar's No. 2 4 2

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: 1323 Mores Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 62 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 1323 Mores Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: LESLIE MOORE WILLIAMS

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Frances

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

7. Birth date of deceased: 9 (Month) - 22 (Day) - 1880 (Year)

8. AGE: Years 62 | Months 1 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Broom Manufacturer

11. Industry or business: ____

FATHER
12. Name: Clarence Eugene Williams
13. Birthplace: Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Jane Ring
15. Birthplace: Indiana / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Louisa Jane Williams
(b) Address: 1323 Mores Blvd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parkin Funeral Service
(b) Address: Columbia, Mo.

19. (a) 11-2-1942 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 1 year: 1942 hour: 8:30 minute: P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1941 to Nov. 1, 1942 that I last saw him alive on Oct. 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Abdomen — Duration: Several Mo.

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): No.

Major findings: Of operation: Abdominal A. Tumor Hospital

Of autopsy: No

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): No

(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: 0

23. Signature: W. P. Dysart (M. D. or other) M.D.
Address: Columbia Mo. Date signed: 11-3-42

(Licensed Embalmer's Statement on Reverse Side)

4.2.V

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 W. H. Vandewater

Licensed Embalmer No. 2494

P. O. Address Columbia 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.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36662

Registration District No. 98 Primary Registration District No. 3006 Registrar's No. 242

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town .....
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Leslie Moore Williams
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept (Month) 22 (Day) 1880 (Year)

8. AGE: Years 62 Months 1 Days ..... (If less than one day) hr. ..... min.

9. Birthplace: (City, town, or county) ..... MO (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name .....
13. Birthplace: (City, town, or county) ..... (State or foreign country) .....

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

16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 1 year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach
Due to: Liver metastasis
Due to: He had a traumatically enlarged liver.
Due to: Great of trouble not known but probably Tumor at No. Cardia.
Other conditions (Include pregnancy within 3 months of death): Cancer Ward

Major findings:
Of operations: Hb
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: W. P. Dysart (M. D. or other)
Address: Columbia Mo. Date signed 11-20-42

SUPPLEMENTARY

S-36662