

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED DEC 4 1942

State File No. \_\_\_\_\_

Registration District No. 318/130

Primary Registration District No. 5463A

Registrar's No. 10

39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE  
Rural

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

(c) Name of hospital or institution:  
Rural Taylor Township  
(If not in hospital or institution, write street number or location)

stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

Community \_\_\_\_\_  
(In days or weeks)

3. (a) PRINT FULL NAME Elijah D. McWilliams

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosa McWilliams

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

7. Birth date of deceased March 28 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 28  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James McWilliams

13. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Audie Burr

(b) Address Route # 3 Rogersville, Mo.

17. (a) Burial (b) Date thereof Nov. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director H.P. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Dec. 1/42 (b) Harland Harrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural Route # 3 Rogersville, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Taylor Township  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1942 hour 12 minute 15 a. m.

21. I hereby certify that I attended the deceased from Nov. 22 1942 to Nov 26 1942  
that I last saw him alive on Nov 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Phemonia  
Duration 9 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

108

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? \_\_\_\_\_

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

23. Signature J. B. Bruton (M. D. or other) M.D.  
Address Springfield Mo Date signed 11/27/42

GARLAND HARRIS  
STRAEFORD MO

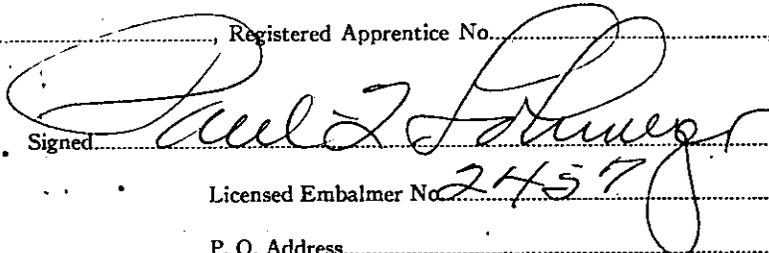
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....



Licensed Embalmer No. 2457

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.**