

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 8 1942
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 381

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution;
1908 S Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 S Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Williams
3. (b) If veteran, name war _____
3. (c) Social Security No. 702-10-0918

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lora Williams
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: 12-17-1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Wheel Shop-M.K.S. shops

12. Name Chas. Williams
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Fannie Thomas
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lora Williams
(b) Address 1908 S Missouri

17. (a) Burial (b) Date thereof 11-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glen Wood

18. (a) Signature of funeral director J. Pryce Alexander
(b) Address 400 W. Cooper Sedalia

19. (a) 11/30/42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 27th Day 1942
year _____ hour 5.42 minute P. M.

21. I hereby certify that I attended the deceased from For over two years
19 _____ to Nov. 27th 19 42
that I last saw him alive on Nov. 27th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 2 yrs
Chr. Glomerular Nephritis 2 yrs
Due to Arterio-Sclerosis ?
Senility

Due to _____
Other conditions None other.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None
131 f

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) No.
(b) Date of occurrence None.
(c) Where did injury occur? None.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None. (Specify type of place)

While at work _____ (c) Means of injury _____
23. Signature Dr. B. Carlisle, M.D.
Address Sedalia Mo. Date signed 11-30-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-2-42

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

J. Pryce Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia, 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.