

24  
1  
1

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

40523

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 185-

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 16 days  
(Specify whether years, months or days)

In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3946 Page St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Desmoines Williams

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Unknown Unknown 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

MOTHER FATHER

12. Name Andy Williams

13. Birthplace Tennessee \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Butler

15. Birthplace Tennessee \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of Veterans Adm.

(b) Address Excelsior Springs, Missouri

17. (a) Shipment (b) Date thereof 12-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Mo

19. (a) 12-7-42 Miss Sadie Redmon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1942 hour 1:50 minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from October 20, 1942, to December 6, 1942;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ December 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic pulmonary tuberculosis far advanced, with multiple cavitation (Active.)

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

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

Other conditions 1361  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Chronic pulmonary tuberculosis far advanced, with multiple cavitation (Active.)

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 of physician [Signature] (M. D. or other) \_\_\_\_\_  
Address Chapin Medical Center Date signed 12/7/42

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-8-42

---

---

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 Claude Richard

Licensed Embalmer No. 2751

P. O. Address Exelair Spaymo

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.