

S. No. 2
M-5-42
7-5-17-39
X32873

FILED JAN - 6 1943
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41704
Registrar's No. 2174

Registration District No. 294

Primary Registration District No. 3056

88
36
39
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 FARROR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Approx 3 months
In this community Approx 3 months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Farror
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ollie Henry Williams
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6 year 1942 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from Sept 15 1942 Dec 6 1942 that I last saw him alive on Dec 6 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Mary Elizabeth Williams 6. (c) Age of husband or wife if alive 18 years (Day) (Year)
7. Birth date of deceased April (Month) 1864 (Day) (Year)

Immediate cause of death Carcinoma of left jaw Duration 6

8. AGE: Years 78 Months 7 Days 18 If less than one day hr. min.

Due to 45d
Due to 45d

9. Birthplace Chariton Co. Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 45d

10. Usual occupation laborer

Of operations 45d
Of autopsy 45d
Underline the cause to which death should be charged statistically.

11. Industry or business none
12. Name Edward Williams
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Tucker
15. Birthplace Howard Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant R. H. Williams
(b) Address 515 Farror St Moberly

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? —

17. (a) Burial (b) Date thereof 12-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Asbury Cemetery

18. (a) Signature of funeral director Walter Sawyer
(b) Address Salisbury Mo

19. (a) Dec. 7-1942 (b) Prima Kave (Date received local registrar) (Registrar's signature)

23. Signature Paul C Davis M.D. (M. D. or other) M.D.
Address Moberly Mo Date signed 12/7/42

RECEIVED

District Health Officer No. 10

District File Number 1-43-4129

Date Filed Jan 5 1943

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

[Handwritten Signature]

Licensed Embalmer No. 3480

P. O. Address Salisbury, Md.

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.