S. No. 2
M—1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6404

State File No.

FILED MAR 6 1943 128 ~~318~~

Registration District No.

Primary Registration District No. 2000

Registrar's No. 166

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 863 - N-1 Summit
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE 39 2

(c) City or town SPRINGFIELD 6
(If outside city or town limits, write "RURAL")

(d) Street No. 863 - N. SUMMIT
(If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME FRED D WILLIAMS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race 2 NEGRO

6. (a) Single, widowed, married, divorced 1 MARRIED

6. (b) Name of husband or wife CLARA WILLIAMS

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

7. Birth date of deceased JUNE (Month) 26 (Day) 1877 (Year)

8. AGE: Years ✓ 65 Months 7 Days 23 If less than one day hr. min.

9. Birthplace LEBANON (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation R.R. EMPLOYEE

11. Industry or business

FATHER
12. Name JOHN WILLIAMS
13. Birthplace LEBANON (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name CAROLINE McCLURG
15. Birthplace Unknown (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant MRS CLARA WILLIAMS
(b) Address 863 - SUMMIT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Mem

18. (a) Signature of funeral director Herbert V Smith
(b) Address 702 - N - Jefferson

19. (a) 2-23-43 (Date received local registrar) (b) Dr Mr Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 — year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from February 17, 1943, to Feb 19, 1943 that I last saw him alive on February 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary artery occlusion	1 day
Due to: Arterio sclerosis	
Due to:	
Other conditions: Influenza bronchitis Mo (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 a

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

23. Signature Arthur S Knabb (M. D. or other) MD
Address Springfield Mo Date signed 2-22-43

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(Licensed Embalmer's Statement on Reverse Side)

APR 8 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address 702 - N. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.