

FILED MAR 20 1943

Registration District No. 29

Primary Registration District No. 5770

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural Madison Township
(c) Name of hospital or institution: 1
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 yr.
In this community 69 yr.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William Newton Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louisa Williams 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased oct 3 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>27</u> hr. min.

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER

12. Name Riley Williams
13. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)
14. Maiden name Louise Carter
15. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)

16. (a) Informant Helean Williams
(b) Address Mill Grove MO

17. (a) Burial (b) Date thereof Feb-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Staten Cem.

18. (a) Signature of funeral director Scholar funeral Home
(b) Address Spickard MO

19. (a) 2-27-43 (b) Jesse Wiley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mercer
(c) City or town Rural Madison Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Jan 30 1943
that I last saw him alive on Jan 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation

Due to old age

Due to.....

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

Major findings: Of operations.....

Of autopsy NO

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) (c) Means of injury.....

23. Signature J. M. Perry (M. D. or other) MD
Address W. Union MO Date signed Feb 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15
0

1117

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.....

Ross Wise
.....
Licensed Embalmer No. 3771

P. O. Address Spickard 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.