

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 35

Registration District No. 270

Primary Registration District No. 4727.5983

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Cullen Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME Isaac Burrell Williams

3. (b) If veteran, name war. No. 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 Edna Elizabeth Williams 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Aug. 26, 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 18 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Williams  
13. Birthplace Ky. (City, town, or county) (State or foreign country)  
14. Maiden name Olive Musgrave  
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Uriah Williams  
(b) Address Waynesville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Palace Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons  
(b) Address Crocker, Mo.

19. (a) 2-18-1943 (Date received local registrar) (b) Chas M. Dodd (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1943 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from 2-1-, 1943, to 2-13-, 1943  
that I last saw him alive on 2-11-, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 da  
Due to Carcinoma of mouth 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

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

23. Signature E. Miller M.D. (M. D. or other)  
Address Waynesville, Mo. Date signed 2-17-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Pulaski County Health Officer

File Number 3-43-33

Date Filed 3-19-43

### 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

*Paul B. Hooper*

Licensed Embalmer No.

3261

P. O. Address

*Brookhaven, 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.