7. S. No. 2
DM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9825

Registration District No. FILED MAR 15 1943 Primary Registration District No. 5179 Registrar's No. 28

1. PLACE OF DEATH:
(a) County: Camden
(b) City or town: Macks Creek Route 3 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Farm Home Osage Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Camden
(c) City or town: Macks Creek, (If outside city or town limits, write "RURAL")
(d) Street No.: Route 3 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Albert J. Williams
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: .....
4. Sex: male 5. Color or race: wht 6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 5 (Day) 1864 (Year)
8. AGE: Years 78 Months 7 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: farming
11. Industry or business: .....
MOTHER FATHER
12. Name: John B Williams
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Susan Robinson
15. Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant: Evert Moulder
(b) Address: Macks Creek, Mo Route 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 16-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Macks Creek, Mo
18. (a) Signature of funeral director: Bauksen-Woolery
(b) Address: Camdenton, Mo
19. (a) 2-20-43 (Date received local registrar) (b) LaVern Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from Feb 13, 1942, to Feb. 13, 1943 that I last saw him alive on February 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial Nephritis – chronic	1942
Due to	
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no operation
Of autopsy: none

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): ~~no~~
(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: E. S. Clubbock M.D. (Physician, or other)
Address: Camdenton, Mo. Date signed: 2/16/43

1153 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-43-1
Date Filed 3-2-43

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 Abbie Bankson Woolwi

Licensed Embalmer No. 2488

P. O. Address Camdenton, M

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.