

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9936

State File No.

Registrar's No. 8

FILED MAR 16 1943
Registration District No. 4107

Primary Registration District No. 4107

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town EL DORADO SPRINGS
(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 years, months or days)

3. (a) PRINT FULL NAME WILLIAM J WILLIAMS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Jane B Williams 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept 15 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Lima Creek Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Rural Route Carrier Retired

11. Industry or business

12. Name Wm L Williams
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Amelia Roepner
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Jane B Williams

(b) Address 111 W Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb - 9 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Spgs

18. (a) Signature of funeral director E. J. Sidens

(b) Address Eldorado Spgs Mo

19. (a) 2-6-43 (Date received local registrar) (b) J. B. Dunaway (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Eldorado Springs 5 (If outside city or town limits, write "RURAL")
(d) Street No. 111 W Broadway (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 5 year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Feb 2 1943 to Feb 2 1943; that I last saw him alive on Feb 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to Diabetic Condition

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy

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. B. Dunaway 200 2 Address Eldorado Spgs Date signed 2/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 71

File Number 9-43-114

Date Filed 3-10-43

OCT 5 1944

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 W. B. Biders

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs, 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.