S. No. 2
M—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

ISSUED FEB 27

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10455

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 60

48 4 4

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 E Elm St (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) 7 weeks
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Blue Springs (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

3. (a) PRINT FULL NAME: Wm McWilliams
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Dora
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: March (Month) 25 (Day) 1862 (Year)
8. AGE: Years 80 Months 10 Days 29 If less than one day hr. min.
9. Birthplace: Marion (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: James McWilliams
FATHER 13. Birthplace: (City, town, or county) Pa (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: W. T. McWilliams
(b) Address: Blue Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Springs Mo
18. (a) Signature of funeral director: R Bumb
(b) Address: Blue Springs Mo
19. (a) 2-25-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1943 hour 10 minute 15P M.
21. I hereby certify that I attended the deceased from January 16, 1943 to Feb 23 1943 that I last saw him alive on Feb 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): GPN
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) Means of injury
23. Signature: F. N. Tuttle MD (M. D. or other)
Address: Blue Springs Mo Date signed Feb 24 1943

(Licensed Embalmer's Statement on Reverse Side)

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 R Burch

Licensed Embalmer No. 2353

P. O. Address Blue 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.