

FILED MAY 10 1943

15 804

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(d) County Wright  
(b) City or town Rural  
(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 26 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Guy Wakefield Williams

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Gertie 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 29, 1978  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Blandville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Wakefield Williams  
13. Birthplace Unknown  
14. Maiden name Mary Jane Provelt  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert R. Williams  
(b) Address \_\_\_\_\_

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) (Date received local registrar) \_\_\_\_\_ (b) (Registrar's signature) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30, 1943  
year \_\_\_\_\_ hour Eight minute 30 M.

21. I hereby certify that I attended the deceased from April 27, 1943 to April 30, 1943  
that I last saw him alive on April 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Arteriosclerosis  
Due to Phlebotomy  
Other conditions (include pregnancy within 3 months of death) 92

Major findings: Of operations \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
23. Signature W. J. Williams (M. D. or other) \_\_\_\_\_  
Address Wright, Mo Date signed 5/3

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Morwood, 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. (376) Primary Registration District No. (62821)

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Rural Clark township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days) 2 1/2 yrs

3. (a) PRINT FULL NAME Guy Wakefield Williams  
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 m

6. (b) Name of husband or wife Estelle 6. (c) Age of husband or wife if alive 67 yrs

7. Birth date of deceased Aug 29 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace Blount Ala (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

12. Name John W. Williams

13. Birthplace unk (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane P. Rowlett

15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Albert R. Williams  
(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Thompson Cemetery

18. (a) Signature of funeral director Mrs. B. Bouldin  
(b) Address Norwood, Mo.

19. (a) May 4 1948 (Date received local registrar) (b) (Mrs) Charles Cramer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town Norwood - Rhos  
(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 April year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death metastatic insufficiency

Due to arteriosclerosis

Due to Rheumatism

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature L. J. Vanney (M. D. or other) \_\_\_\_\_  
Address Norwood, Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

COPIES OF THIS CERTIFICATE ARE AVAILABLE FROM THE MISSOURI STATE BOARD OF HEALTH, COLUMBIA, MISSOURI

INTERNATIONAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

15804