

S. No. 2  
5-4-44  
5-17-36  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28689**  
Registrar's No. **214**

Registration District No. **184**

Primary Registration District No. **3038**

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

1. PLACE OF DEATH:  
(a) County **Linn**  
(b) City or town **Brookfield**  
(c) Name of hospital or institution: **M<sup>c</sup> Jammy**  
(d) Length of stay: In hospital or institution **7 days**  
In this community **72 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Linn**  
(c) City or town **Marceline**  
(d) Street No. **Lake St**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **FRANK LEROY WILLIAMS**  
3. (b) If veteran, name war **-**  
3. (c) Social Security No. **-**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **29**  
year **1943** hour **12** minute **30 P.M.**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Earnest William**  
6. (c) Age of husband or wife if alive **17** years  
7. Birth date of deceased **Feb 17 1871**

21. I hereby certify that I attended the deceased from **July 21, 1943** to **July 29, 1943**  
that I last saw him alive on **July 29, 1943**  
and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **5** Days **12**  
If less than one day **hr. min.**

Immediate cause of death **acute myocarditis**  
Due to **chronic bronchial asthma**  
Due to **general arteriosclerosis**

9. Birthplace **Chariton County Mo.**

Other conditions **None**  
Major findings: Of operations **None**  
Of autopsy **None**

10. Usual occupation **Merchant**

11. Industry or business **Retired**

12. Name **Travis Williams**

13. Birthplace **Virginia**

14. Maiden name **Jessie Gordon**

15. Birthplace **Indiana**

16. (a) Informant **Thelma Green**  
(b) Address **Marceline Mo**

17. (a) **Burial** (b) Date thereof **July 31-1943**  
(c) Place: burial or cremation **Greenwood**

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

18. (a) Signature of funeral director **Gas M. Jammy**  
(b) Address **Marceline Mo**  
19. (a) **8-4-1943** (b) **W W Cannon**

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? \_\_\_\_\_  
(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 **P J Peterson** (M. D. or other)  
Address **Marceline Mo** Date signed **8/2/43**

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(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1943

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 Blanche M Laughlin  
Licensed Embalmer No. 1909  
P. O. Address Marceline 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.