

FILED DEC 4 1943
Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2643**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Dallwin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pine Crest Homes. 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **55 days** (Specify whether years, months or days)
In this community **yes.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **58**
(c) City or town **Danby** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **Not Known** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edwards Williams**

3. (b) If veteran, name war **Not Known** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Not Known**
6. (b) Name of husband or wife **Not Known** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Mar. 21 - 1949**
(Month) (Day) (Year)

8. AGE: Years **94** Months **8** Days **6** If less than one day hr. _____ min.

9. Birthplace **Not Known England. 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Not Known**

11. Industry or business **Not Known**

MOTHER FATHER { 12. Name **Not Known**
13. Birthplace **Not Known** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Luther Floyd**
(b) Address **2123 Missouri**
17. (a) **Lebanon Mo** (b) Date thereof **11-30-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Fink Und Co**
(b) Address **Festus Mo**
19. (a) **NOV 29 1943** (b) **E. G. Mc Barran, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **27th**
year **1943** hour **10** minute **15 A.** M.
21. I hereby certify that I attended the deceased from **October 2nd** 19**43** to **Nov. 24th** 19**43**
that I last saw him alive on **Nov. 27th** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration _____

Due to _____
Due to _____
Other conditions **Astoria - Schvass**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **930**
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) (e) Means of injury _____
23. Signature **R. M. Jansen** (M. D. or D. O.)
Address **Manchester Mo** Date signed **11/27/43**

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 _____

Eleana Province

Licensed Embalmer No. _____

3403

P. O. Address _____

Jestus 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.