

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42878

State File No.

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
327 Walnut Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 327 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ORVAL WILLIAMS JR.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th.
year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 17
1943 to Dec 15 1943
that I last saw him alive on Dec 17 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased Feb. 22 1937
(Month) (Day) (Year)

Immediate cause of death
Lobar Pneumonia

Duration 4 Days

8. AGE: Years Months Days If less than one day

6 9 23 hr. min.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

100

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

10. Usual occupation Student

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Orval Williams

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

14. Maiden name Cogua Engleman

15. Birthplace Grundy County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Orval Williams

(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 12-17-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling, Missouri.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Dec 17 (b) Lou Ella Corry
(Date received local registrar) (Registrar's signature)

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?
..... (Specify type of place)

While at work..... (e) Means of injury.....

23. Signature A. P. Miller (M. D. or other)
Address Chillicothe Mo Date signed Dec 15-43

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

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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.