

FILED APR 12 1944

State File No.

Registration District No.

Primary Registration District No. 3002

Registrar's No. 36

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1213 E. Railroad St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME SAMUEL WILLIAMS
3. (b) If veteran, name war no
3. (c) Social Security No. 491-05-6405

4. Sex Male 5. Color or race 2 negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise Williams
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased (Month) 6 (Day) 1877 (Year)

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

9. Birthplace Seattle Washington
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business A.P. Green Brickyard

12. Name Samuel Williams

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Sherwood Woolery

(b) Address 612 E. Buckenidge St. Mexico

17. (a) Burial (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director Spent P. Parker

(b) Address Columbia Missouri

19. (a) Mar 11 1944 (b) Margaret A. Markis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 E. Railroad St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 8
year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 15 1943 to March 8 1944
that I last saw him alive on March 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Aortic aneurysm
Quarant. rt. Chest.
Syphilitic pneumonitis
Duration 2 yrs

Due to generalized arteriosclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 309
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 0

23. Signature Karl E. Thaseval (M. D. or other) no

Address Mexico, Mo Date signed 3/11/44

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

2
2
39
22873

RECEIVED

District Health Officer No. 10

District File Number 4-44-811

Date Filed APR 11 1944

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 _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Edward D. Parker

Licensed Embalmer No. 2903

P. O. Address Columbia TN

- 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.