

Registration District No. 3025

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Brandsville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community 3 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Brandsville,
(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 _____

3. (a) PRINT FULL NAME William Roland Williams

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Addie M. Williams 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 25-1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 12 If less than one day hr. _____ min.

9. Birthplace Batesville, Arkansas.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Marion Williams Kentucky /

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

14. Maiden name Armintha Claxton

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

16. (a) Informant Mrs. W. R. Williams

(b) Address Brandsville, Missouri

17. (a) B (b) Date thereof 3-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moody, Missouri

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Missouri

19. (a) 4-10-44 (b) Paul Taylor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1944 hour 3 minute 50P M.

21. I hereby certify that I attended the deceased from Feb. 26 1943 to Mch. 31 1944.
that I last saw him alive on February 12 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of the breathing centers

Due to cerebral hemorrhages

Due to arteriosclerosis, and high bloodpressure.

Other conditions 832
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations _____ or _____

Of autopsy autopsy

Duration

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 P. A. Sparks (M. D. _____)
Address West Plains, Mo. Date signed 3/23/1944

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

S. B. BEECHER, M. D.
Special Agent, Bureau of the Census
SALEM, MISSOURI

RECEIVED

District Health Officer No. 5,

District File Number 444269

Date Filed 5-6-44

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 P. D. Robertson

Licensed Embalmer No. 3435

P. O. Address. West Ham, Md

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.