

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 31 1944

Registration District No. 37

Primary Registration District No. 61529

Registrar's No. 41

## 1. PLACE OF DEATH:

(a) County **Stoddard**  
 (b) City or town **Rural Liberty Imp**  
 (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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Henry Thomas Williams**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Mary C. Williams** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Aug. 1 1852**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	0	4	_____ hr. _____ min.

9. Birthplace **Dubois Co. Ill.**  
(City, town, or county) (State or foreign country)10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Daniel Williams**  
 13. Birthplace **Ky.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary J. Brooner**  
 15. Birthplace **Ind.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. J. McLean**(b) Address **Dudley Mo. R#2**17. (a) **Burial** (b) Date thereof **8-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Dexter Cemetery**18. (a) Signature of funeral director **Blankenship-Strickland**(b) Address **Dexter, Mo.**19. (a) **7-7-44** (b) **Nora Smith**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Dexter R#1**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5**  
year **1944** hour **8** minute **45 A.M.**21. I hereby certify that I attended the deceased from **June 5**, 19**44** to **Aug. 5**, 19**44**  
and that I last saw him alive on **June 5**, 19**44**  
and that death occurred on the date and hour stated above.Immediate cause of death **Senility** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **D. J. Capron** (M.D. or other) **D. J.**Address **Dexter** Date signed **8/5/44**

RECEIVED

District Health Office No. 2

District File Number 844-1158

Date Filed 8-29-44

AUG 31 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**