No. 2
—2-43
6-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30710

State File No.

FILED SEP 20 1944

Registration District No.

Primary Registration District No. 4099

Registrar's No. 143

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Pleasant Hill,
(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) 1
(d) Length of stay: In hospital or institution: life (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass 19
(c) City or town: Pleasant Hill, Mo. 2
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Earl Alexander Williams

3. (b) If veteran, name war:

3. (c) Social Security No. 487-09-0856

4. Sex: male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Doris Williams

6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: October (Month) 31 (Day) 1897 (Year)

8. AGE: Years 46 Months 10 Days 11 If less than one day hr. min.

9. Birthplace: Green Wood (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Drygoods Clerk

11. Industry or business: Drygoods

FATHER
12. Name: Alexander K. Williams
13. Birthplace: Greenbryer Co. W. Va. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Mary E. Wilson
15. Birthplace: Pleasant Hill. Mo. (City, town, or county) (State or foreign country) 2

16. (a) Informant: Doris Williams
(b) Address: Pleasant Hill, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill

18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill. Mo.

19. (a) Sept. 13, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 11 year: 1944 hour: 11 minute: a. M.

21. I hereby certify that I attended the deceased from Aug. 13, 1944 to Sept. 11, 1944 that I last saw him alive on Sept. 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 9 4 A

Major findings:
Of operations:

Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: F. Murray M.D. (M. D. or other)
Address: Pleasant Hill, Mo. Date signed: 9/11/44

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 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

By me 9-11-44, Registered Apprentice No.

working under my personal supervision.

Signed Allen Burnfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.