

V. S. No. 2
DOM-8-43
ev. 8-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34381

State File No.

FILED NOV 8 1944

Primary Registration District No. 4234

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles south of Caledonia 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Abraham Kannine Williams

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

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: Sept. 12 1923
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>21</u> | <u>1</u> | <u>6</u> | hr. _____ min. |

9. Birthplace Wentzville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business farm

MOTHER FATHER

12. Name Bess Williams

13. Birthplace Syria 8
(City, town, or county) (State or foreign country)

14. Maiden name Stelia Wetzler
15. Birthplace Iron Mountain Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bess Williams

(b) Address Caledonia Mo.

17. (a) burial (b) Date thereof 10-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Oct 28 1944 (b) Mrs. Francis C. Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1944 hour 7:00 minute 9 A.M.

21. I hereby certify that I attended the deceased from October 17
1944, to October 18, 1944
that I last saw him alive on October 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Embolus 10/18/44

Due to Decomposition of Brain
Du Placagation of head 10/17/44
& left ear

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
1700-4
22

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) accident 110

(b) Date of occurrence 10/17/44

(c) Where did injury occur? Caledonia Washington Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
highway

While at work? no (a) (b) Means of injury Automobile

23. Signature P. E. Harland (M.D. or other M.D.)
Address Ironton Mo. Date signed 10-23-44

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

7
1
6

RECEIVED
District Health Officer No. 4
District File Number 1144-4507
Date Filed 11-7-44

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

Signed Aricele J. White
Licensed Embalmer No. 3012
P. O. Address San Antonio, Tex.

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.