S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34943

State File No.

Registration District No. 23

Primary Registration District No. 3048

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (Rural) 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. 8 miles S.W. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Cal Williams

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Dilla Williams

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October (Month) 16 (Day) 1886 (Year)

8. AGE: Years 58 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Nodaway County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Columbus Williams
13. Birthplace UNKNOWN (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Laura Belle Anders
15. Birthplace Zanesville (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Dilla Williams

(b) Address Maryville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) Oct. 19/21-44 (Date received local registrar) Amy Barbro (Registrar's signature)

1344

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from October 17 1944, 19 October 19 1944 that I last saw him alive on Oct. 19-1944, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Heart, failure from shock & injuries as follows: - Histochlon left knee fracture Right tibia & fibula Pubic bones

Due to Rupture of Bladder

Due to Injuries Laceration of Rectum sustained in an auto crash.

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations Ruptured Bladder Lacerated Rectum. 170 C 21

Of 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) accident 0 74

(b) Date of occurrence Oct. 17 - 1944

(c) Where did injury occur? On Highway near his home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near his home on farm (Specify type of place)

While at work? Yes (e) Means of injury Struck by a passing car

23. Signature Chas. T. Cee (M. D. or other)

Address Maryville, Mo. Date signed 10/21/1944

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price.

Licensed Embalmer No. 3229

P. O. Address Maryville 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.