

35422

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED NOV 10 1944

Registration District No. 322

Primary Registration District No. 44-52 3071

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Slater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community Life years, months or days)

3. (a) PRINT  
FULL NAME

Obie Williams

3. (b) If veteran,  
name war no

3. (c) Social Security  
No. 494-12-1531

4. Sex M J 5. Color or  
race col 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 March 14 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 6 20 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name George Williams  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Slughter  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Williams  
(b) Address Marshall no

17. (a) Burial (b) Date thereof 10-6-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marshall no

18. (a) Signature of funeral director Hill Brothers  
(b) Address Slater no

19. (a) Oct 10-44 (b) Mrs. John G. Gign  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97  
(c) City or town Slater 2  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. - (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th  
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from  
April 1944 to Sept. 30 1944  
that I last saw him alive on Sept. 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 8 Months

Due to -

Due to 92d

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -

Of autopsy -

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 M. P. Higgins (M. D. or other)  
Address Slater Mo Date signed 10/4/44

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 2,

District File Number.....

Date Filed 11-9-44

NOV 16 1944

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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.....

*Sami M Hill*

Licensed Embalmer No. ....

*1292*

P. O. Address.....

*State 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.