

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 28 1944

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5

(c) City or town Monett 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. 900 - Cule
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.

3. (a) PRINT FULL NAME Daniel Francis Williams

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m. 5. Color or race w.

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

6. (b) Name of husband or wife Mary M. Williams

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 28, 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 7 If less than one day hr. - min. -

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

10. Usual occupation Retired merchant

11. Industry or business -

MOTHER FATHER

12. Name Heri Williams

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

14. Maiden name Gulson

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Williams

(b) Address 910 Cule - Monett, Mo

17. (a) Burial (b) Date thereof Nov. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director H. H. Blanserstein

(b) Address Monett, Mo.

19. (a) Nov-2-1944 (b) Audra Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June
1921 to Nov 2, 1944
that I last saw h. alive on Nov. 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to 830

Due to _____

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 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? _____

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

23. Signature Frank Mearns (M. D. or other) MD
Address Monett, Mo. Date signed 11/2/44

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

RECEIVED
District Health Officer No. 6,
District File Number 1144-1251
Date Filed NOV 24 1944

DEC 7 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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.