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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39112

State File No.

Registration District No. 379 | Primary Registration District No. 40-53 | Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County WRIGHT
(b) City or town MANSFIELD
(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)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WRIGHT
(c) City or town MANSFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Guy W. Williams
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GRACE WILLIAMS
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JAN (Month) 20 (Day) 1885 (Year)

8. AGE: Years 59 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace LEROY (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation STATION AGENT
11. Industry or business FRISCO RAIL ROAD
MOTHER FATHER
12. Name FRANCIS A WILLIAMS
13. Birthplace FT. BRANCH (City, town, or county) INDIANA (State or foreign country)
14. Maiden name IDA B GUY
15. Birthplace LEROY (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant Grace Williams
(b) Address MANSFIELD MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation SEYMOUR MASONIC CEM
18. (a) Signature of funeral director G.A. Stiff
(b) Address MANSFIELD MO
19. (a) NOV. 22-1944 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 6, 1944 to Nov 20, 1944 that I last saw him alive on Nov 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration ✓
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): GH
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 W. L. [illegible] (M. D. or other) D.O.
Address Mansfield Mo Date signed 11/22/44

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1944
DEC 8 1947

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 F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.