No. 2
—2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40733

Registration District No. 42 Primary Registration District No. 1600 Registrar's No. 1250

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton 25
(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")
(d) Street No. North Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JAMES E. Williams
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August 16 1876 (Month) (Day) (Year)
8. AGE: Years 67 Months 3 Days 23 If less than one day hr. min.
9. Birthplace Clinton Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name T. J. Williams 4
13. Birthplace Unknown England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary O Stanford 1
15. Birthplace Unknown Maine (City, town, or county) (State or foreign country)
16. (a) Informant Laverne Williams
(b) Address Cameron Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo.
18. (a) Signature of funeral director O A Moore
(b) Address Cameron Mo
19. (a) 12-9-44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 year 1944 hour 2 minute 25 P.M.
21. I hereby certify that I attended the deceased from 1940, 19, to December 9, 1944; that I last saw him alive on December 9, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endarteritis	9 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

99.2

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 A. H. Templeman (M.D. or other) D.O.
Address Cameron Mo Date signed 12/9/44

1511

(Licensed Embalmer's Statement on Reverse Side)

DEC 28 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 O. A. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.