

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945
Registration District No. 325

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42221
State File No. 42221
Registrar's No. 56

Primary Registration District No. 4476

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

1. PLACE OF DEATH
(a) County Schuyler
(b) City or town Downing
(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 1
In this community 30 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo. (b) County Schuyler 98
(c) City or town Downing
(d) Street No.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John McWilliams
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3
year 1944 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov. 20
that I last saw him alive on Dec 2
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March 16 1863
(Month) (Day) (Year)

Immediate cause of death Enlarged Heart
Chronic Bright disease
Duration
Due to Hospital diagnosis
Due to
Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 8 Days 17
If less than one day hr. min.

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Farmer
11. Industry or business
12. Name Crawford McWilliams
13. Birthplace Co. Antrim Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Moore
15. Birthplace Co. Antrim Ireland
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mrs. Minnie McWilliams
(b) Address Downing Mo.
17. (a) Burial (b) Date thereof Dec 7 '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Downing Cemetery
18. (a) Signature of funeral director Lloyd Moore
(b) Address Downing Mo.
19. (a) Dec 7, 1944 (b) Ch. Justice
(Date received local registrar) (Registrar's signature)

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 H. E. Gerwig (M. D. or other)
Address Downing Mo. Date signed Dec 7 44

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10.

District File Number 1-45-136

Date Filed JAN 12 1945

OCT 1 1949

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Dorning 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.