. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5436
State File No.

Registration District No. 1 | Primary Registration District No. 3100 | Registrar's No. 31

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 hours (Specify whether years, months or days) In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scotland
(c) City or town: Memphis Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 99 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3. (a) PRINT FULL NAME: Merle E. Williams
3. (b) If veteran, name war:
3. (c) Social Security No. 494-10-3118
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dollie Williams
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: Mar (Month) 8 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
46	11		hr. min.

9. Birthplace: Given (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business:
FATHER 12. Name: Watkin Williams
13. Birthplace: Iowa (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sara Taylor
15. Birthplace: Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Dollie Williams
(b) Address: Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 11-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills
18. (a) Signature of funeral director: Gerth Barnett
(b) Address: Memphis Mo
19. (a) 2-13-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1945 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 7, 1945, to Feb. 8, 1945; that I last saw him alive on Feb. 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 94A
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: Geo W Laughlin M.D. (M. D. or other)
Address: Kirksville Mo Date signed: Feb 8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 3-45-412
Date Filed MAR 8 1945

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.