S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

23909

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 13

1. PLACE OF DEATH:

(a) County FRANKLIN- CO.

(b) City or town ROBERTSVILLE (Ct. [illegible])
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Robertsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Deloss 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~~ /

6. (b) Name of husband or wife BESSIE-WILLIAMS

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. (Month) 14 (Day) 1876 (Year)

8. AGE: Years 68 Months 8 Days 21 If less than one day hr. min.

9. Birthplace LINCOLN- NEB. (City, town, or county) / (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business BARBER

FATHER
12. Name LOUIS R. WILLIAMS
13. Birthplace ILLINOIS (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ILLINOIS (City, town, or county) / (State or foreign country)

16. (a) Informant BESSIE-WILLIAMS
(b) Address ROBERTSVILLE MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 8- 1945 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester av St Louis Mo

19. (a) July 6/45 (Date received local registrar) (b) Blanch C Pfefferkorn (Registrar's signature)

1118

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 45 hour 8 minute — P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 940

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

23. Signature E. F. Oltmanns Coroner (M. D. or other)
Address Union Mo Date signed 7/5/1945

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-13-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.