

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

27486

FILED SEP 11 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 5508

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Deepwater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: C-1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Deepwater  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway 13  
(If rural, give location)  
(e) Citizen of foreign country? C (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wm Henry Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Gail 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 4 (Month) 30 (Day) 1864 (Year)

8. AGE: Years 81 Months 4 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ill (City, town or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name Williams

13. Birthplace Ill (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Wilford Williams

(b) Address Deepwater Mo

17. (a) Rural (b) Date thereof 9-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Wm Williams

(b) Address Clinton Mo

19. (a) Sept 5-45 (b) P. R. Kimmey (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2 year 45 hour 3:30 minute P M.

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

Immediate cause of death: Myocarditis  
Septic  
Cancer on brain  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 54%

Of autopsy 5

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature W. J. Russell (M. D. or other)  
Address Deepwater Mo Date signed Sept 7 45

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

1452

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
Officer No. 7,  
8-45-942  
Date filed 9-10-45

**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 *Fred Wilkinson*  
Licensed Embalmer No. *2478*  
P. O. Address *Clinton Me*

**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.