V. S. No. 2
00M—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 SEP 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28590

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2192

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether years, months or days)

In this community 1 MONTH

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MCDONALD

(c) City or town TIFF CITY
(If outside city or town limits, write "RURAL")

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

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

If yes, name country —

3. (a) PRINT FULL NAME LILLIE ELIZABETH WILLIAMS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife GEORGE M. WILLIAMS

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

7. Birth date of deceased MARCH 19 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	20	— hr. — min.

9. Birthplace TIFF CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER 12. Name CLINTON MOORE

FATHER 13. Birthplace PEA RIDGE (City, town, or county) ARKANSAS (State or foreign country)

MOTHER 14. Maiden name MARY BARNETT

MOTHER 15. Birthplace PEA RIDGE (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant MRS WM ROARK

(b) Address 4986 A PERNOD AVE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT. 9 1945 (Month) (Day) (Year)

(c) Place: burial or cremation TIFF CITY MISSOURI

18. (a) Signature of funeral director Parker Funeral Co

(b) Address WEBSTER GROVES MO.

19. (a) 9-10-45 (Date received local registrar) [illegible] Garvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1945 hour 11 25 minute a. M.

21. I hereby certify that I attended the deceased from Aug. 13 1945 to Sept. 9 1945 that I last saw him alive on Sept. 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Cerebral Sclerosis	
Due to Chronic myocarditis	
Due to 93d	

Other conditions (Include pregnancy within 3 months of death)

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 J. P. Ryburn (M. D. or other)

Address St. Louis, Mo. Date signed 9/9/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.