

**FILED** SEP 26 1945

Registration District No. **3376**

Primary Registration District No. **6211**

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

1. PLACE OF DEATH:

(a) County **TEXAS**  
(b) City or town **RURAL ROUBIDOUX**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **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 **78 YRS**  
years, months or days)

3. (a) PRINT FULL NAME **ANDREW WILLIAMS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **CELIA WILLIAMS** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **MAY 18 1867**  
(Month) (Day) (Year)

8. AGE: Years **78** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **TEXAS CO. MO. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

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

12. Name **THOMAS WILLIAMS**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **GRACE STONE**

(b) Address **EVENING SHADE, MO**

17. (a) **BURIAL** (b) Date thereof **7/25/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PALACE**

18. (a) Signature of funeral director **Stella U. Elliott**  
(b) Address **Howard, Mo**  
19. (a) **8/16/45** (b) **Stella U. Elliott**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **TEXAS**  
(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1 MI. E. EVENING SHADE, MO**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **24**  
year **1945** hour \_\_\_\_\_ minute **0** A.M.

21. I hereby certify that I attended the deceased from **May 5**  
\_\_\_\_\_ 19**45**, to **July 24** \_\_\_\_\_ 19**45**  
that I last saw him alive on **July 10** \_\_\_\_\_ 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
Duration **2 wks**

Due to **External**  
**Cardio-vascular disease 12 yrs**

Due to **Arteriosclerosis 15 yrs**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **Coronary Artery**

Of autopsy **natural**

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)  
(c) \_\_\_\_\_

23. Signature **G. J. Hellett** (M. D. or O.D.)  
Address **Crocker, Mo** Date signed **8-1-45**

**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 Frank E. Wood  
Licensed Embalmer No. 4026  
P.O. Address Houston, 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.**