

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32960

State File No. _____

FILED NOV 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4455

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 3228 E. 8th Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community about 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3228 E 8th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Millard Francis Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sadie Kay Williams

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

7. Birth date of deceased July - 9 - 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1945 hour 10 minutes 15 P.-M.

21. I hereby certify that I attended the deceased from Oct 27
1945, 19____, to Oct 27, 1945
that I last saw him alive on Oct 27, 1945, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85 3 18 hr. min.

9. Birthplace Near Ottumwa Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Plastering

Immediate cause of death Chronic Myocarditis Duration 10 yrs

Due to arteriosclerosis 16 yrs

Due to Senility 85 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen William

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

14. Maiden name Mary Gibson

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

16. (a) Informant Wilber F. Williams

(b) Address Skidmore Missouri

17. (a) Burial (b) Date thereof 10-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Campbell Missouri

19. (a) 10-29-45 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

Major findings: Of operations no Of autopsy no

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) _____ (e) Means of injury _____

23. Signature M. B. Casbolt MD
4000 Ballinger Keokuk
(City or town) (County) (State)

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *W. Dean Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville 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.