V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Carbon

State File No. 42111

Registration District No. 2749 Primary Registration District No. 3052 Registrar's No. 346

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1020 W 11th ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County PETTIS Co
(c) City or town SEDALIA (If outside city or town limits, write "RURAL") 6
(d) Street No. 1020 W-11TH ST. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PERRY LEROY WILLIAMS
3. (b) If veteran, name war
3. (c) Social Security No 491-07-5476A

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

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

7. Birth date of deceased NOV. (Month) 9 (Day) 1877 (Year)

8. AGE: Years 68 | Months 1 | Days 5 | If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER
12. Name GEORGE WILLIAMS
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZA BRUCE
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant BULAH B. WELCH
(b) Address 1020 W 11TH SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. Dillard
(b) Address SEDALIA

19. (a) 12/15/45 (Date received by local registrar) (b) C J Carlisle (Registrar's signature)

1486

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14TH year 1945 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 9, 1945 to Dec 14, 1945; that I last saw him alive on Dec 13, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Dec 9th 1945
Due to: RT Hemiplegia	
Due to: Senility - Arteriosclerosis	2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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) None
(b) Date of occurrence
(c) Where did injury occur? None (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

Signature Jno B Carlisle M.D. (M. D. or coroner) M.D.
Address Sedalia Mo Date signed 12-15-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number 46

Date Filed 1-8-46

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 L. E. Brinkley

Licensed Embalmer No. 3867

P. O. Address Brinkley Ark

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.