

No. 2  
 8-43  
 1-17-39  
 X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED APR 17 1946** STANDARD CERTIFICATE OF DEATH

12138

State File No. ....

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. # 13

**1. PLACE OF DEATH:**

(a) County Barton

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

(c) Name of hospital or institution:  
921 1/2 Gulf Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 years  
(Specify whether years, months or days)

In this community 59 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barton

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

(d) Street No. 921 1/2 Gulf Street  
(If rural, give location)

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

If yes, name country .....

**3. (a) PRINT FULL NAME** WALTER LEE WILLIAMS

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Male  0 5. Color or race White

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

6. (b) Name of husband or wife Pearl Seybold Williams

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 8 1882  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 4  
 year 1946 hour 11 minute 00 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 Coronary Thrombosis

Due to following attack

Due to Aug 7th

Other conditions (include pregnancy within 3 months of death) .....

**8. AGE:**

Years	Months	Days	If less than one day
<u>63</u>	<u>6</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Barton County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-retired

**11. Industry or business** .....

**MOTHER FATHER**

12. Name Isaac Williams

13. Birthplace Hancock, I Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Suzan Castleberry

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

Major findings:  
 Of operations 940

Of autopsy .....

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Williams

(b) Address Lamar, Missouri

17. (a) Killey Cemetery (b) Date thereof March 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Killey Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) MAR 6 1946 (b) Marie Konantz  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence .....

(c) Where did injury occur? .....

(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 C. E. Duckett (M. D. or other) M.D.

Address Lamar Mo Date signed 3-5-46

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

11047

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(Licensed Embalmer's Statement on Reverse Side)

Coroner Barton Co. Mo.

RECEIVED

District Health Officer No. 6

District File Number 446-425

Date Filed APR 12 1946

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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 Carl F. Monantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

**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.**