

FILED JUN 10 1946

Registration District No. 100

Primary Registration District No. 5380

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

1. PLACE OF DEATH:
 (a) County Dent
 (b) City or town Rural - Meramec Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emanuel Lafayette Williams

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased August 12 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Arthur Williams

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Nelson

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Wisdom

(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 4/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parker Cemetery

18. (a) Signature of funeral director Chas. L. Spencer

(b) Address Salem, Missouri

19. (a) 4-23-46 (b) Dr. M. Earl M. Olym
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dent
 (c) City or town Near Greely Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 2:10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 19 1946 to April 21 1946;
that I last saw him alive on April 19 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration _____

Due to _____

Due to _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

Signature L. L. Henson (M.D. or other) _____

Address Greene, Mo. Date signed 4-23-46

RECEIVED

District Health Officer No. 5,

District File Number 646374

Date Filed 6-6-46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.