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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24113

FILED AUG 28 1946

Registration District No. 26 Primary Registration District No. 4256 Registrar's No. 17

1. PLACE OF DEATH:
(a) County JOHNSON
(b) City or town HOLDEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JOHNSON 51
(c) City or town HOLDEN /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES HOOKER WILLIAMS

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA C. PAUL
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased October (Month) 21 (Day) 1863 (Year)

8. AGE: Years 82 Months 8 Days 10 If less than one day 2 hr. 30 min.

9. Birthplace NORTH CAROLINA (City, town, or county) / (State or foreign country)
10. Usual occupation FARMER
11. Industry or business AGRICULTURE

FATHER
12. Name JAMES H. WILLIAMS
13. Birthplace NORTH CAROLINA (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name NANCY RIDENHOUR
15. Birthplace NORTH CAROLINA (City, town, or county) / (State or foreign country)

16. (a) Informant HOOKER WILLIAMS
(b) Address HOLDEN MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation HOLDEN CEMETERY
18. (a) Signature of funeral director E. B. CAST
(b) Address HOLDEN MISSOURI
19. (a) July 2, 1946 (Date received local registrar) (b) Mrs G V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1st. year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 27, 1946 to July 1, 1946 that I last saw him alive on June 30, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions Gen Arteriosclerosis
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M.D. or other)
Address Holden Mo Date signed 7/1/46

50 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4059

P. O. Address Holden, 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.