

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **989**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **three days**
(Specify whether years, months or days)
 In this community **Lifetime**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
 (d) Street No. **105 E. Moose St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **OSCAR WILLIAMS**
3. (b) If veteran, name war **Active duty U.S. Navy** **3. (c) Social Security No.** **None**
4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**
6. (b) Name of husband or wife **None** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **July 4, 1929**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **31-46** year _____ hour **5** minute **2** M.
21. I hereby certify that I attended the deceased from **Aug 30**, 19**46** to **Aug 31**, 19**46**;
 that I last saw **her** alive on **Aug 30**, 19**46**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Perforated duodenal ulcer**
 Duration **5 days**

8. AGE: Years **17** Months **1** Days **27** If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions **1178**
(Include pregnancy within 3 months of death)

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy **None**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Apprentice Seaman**
11. Industry or business **U.S. Navy S. # 3444423**

12. Name **Edgar Oscar Williams**
13. Birthplace **With Co., Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Roberts**
15. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose Lake (Mother)**
(b) Address **105 E. Moose St., City**

17. (a) Burial **(b) Date thereof** **9/2/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **John E. Crisp**
(b) Address **6054 Poyor Ave., City**

19. (a) Sept. 4, 1946 **(b) J. H. Westhues**
(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) _____
(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 _____ **(Means of injury)** _____
23. Signature **John E. Crisp** (M. D. or other)
Address _____ **Date signed** **Sept 1-46**

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

252332

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. *3986*

P. O. Address *St. Joseph, 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.