S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27802

State File No.

FILED AUG 19 1946

Registration District No. 2/8 Primary Registration District No. 5790 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie, (Rural) Wolf Island
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 mi. E. of East Prairie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town R#2, East Prairie, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 10 mi. E. of East Prairie
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Best 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 Lillie May Williams
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased September (Month) 13, (Day) 1878 (Year)
8. AGE: Years 67 Months 10 Days 3 If less than one day hr. min.
9. Birthplace Brandenburg, (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation General Merchant
11. Industry or business General Store
MOTHER FATHER
12. Name Jack Williams
13. Birthplace Not Known (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Narcissus Abel
15. Birthplace Not Known (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Lillie May Williams
(b) Address R#2, East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Columbus Cemetery Columbus, Kentucky
18. (a) Signature of funeral director Joe R. Nimmler
(b) Address Charleston, Missouri.
19. (a) 7-25-46 (Date received local registrar) (b) Bertrude B. Harper (Registrar's signature)

Coroner's MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1946 hour 6:00 minute :15 P.M.
21. I hereby certify that I attended the deceased from Attended as Coroner 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 occlusion — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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) —
(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? (City or town) (County) (State)
(Specify type of place)
While at work? (e) Means of injury

23. Signature Joe R. Nimmler (M.D. or Coroner)
Address Charleston, Mo. Date signed 7/17/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2975
District File Number 846-~~3573~~
Date Filed 8-14-46

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.....Joe R. Nunnelee.....

Licensed Embalmer No.....4413.....

P. O. Address.....Charleston, 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.