

No. 2
12-45
17-30
X47070

FILED NOV 26 1946

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Con-Quest + Horsley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
(c) City or town Moberly
(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 _____

3. (a) PRINT FULL NAME VIRGIL WILLIAMS

3. (b) If veteran, name war World War II 3. (c) Social Security No. _____

4. Sex male 5. Color or race col
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 - - 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 2 3 _____ hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Basil Williams

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Betty Hollars

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

16. (a) Informant Mildred Washington

(b) Address S. A. Moberly Mo

17. (a) Burial (b) Date hereof Nov 8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director G. P. Carr

(b) Address Moberly Mo

19. (a) Nov 7-46 (b) Carl William Law
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 5
year 1946 hour 11:10 minute 9 M.
21. I hereby certify that I attended the deceased from Nov. 4
1946 to Nov 5 1946
that I last saw him alive on Nov. 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Double
History Indicated
Due to 3 B

Duration

2 da

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
13 Po

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)
(c) Means of injury _____
23. Signature Beris Jolly (M. D. or Ch.D.)
Address 205 1/2 N. Moberly Date signed 11-7-46

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

FEB 25 1948

RECEIVED
District Health Officer No. 10
District File Number 19-46-2122
Date Filed NOV 25 1946

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.....

R. L. Carr

Licensed Embalmer No. 3190

P. O. Address. *Moberg 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.