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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. 39327

FILED DEC 18 1946

Registration District No. 3 36

Primary Registration District No. 4493

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Birch Tree, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon /01

(c) City or town Birch Tree, 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

3. (a) PRINT FULL NAME Asa L. Williams

3. (b) If veteran, name war No

3. (c) Social Security No. 489-18-6614

4. Sex Male /

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Jessie Williams

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 1st. 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Attendent

11. Industry or business

FATHER
12. Name John Williams
13. Birthplace (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Mary Viehman
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs Jessie Williams
(b) Address Birch Tree, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26th, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Forrest Cem

18. (a) Signature of funeral director Joe N. Amcan
(b) Address Mountain View, Mo

19. (a) 12-9-46 (Date received local registrar) (b) Mabel Rollin (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11 P.M. Nov. 22, 1946 to 11:30 P.M., 1946 that I last saw him alive on Nov 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion — Duration

Due to Error in diet

Due to

Other conditions 118
(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 0

23. Signature R. I. Davis (M. D. or other)

Address Birch Tree Mo Date signed 12/9-46

304

(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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mountain View 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.