

FILED JAN 13 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1457**

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

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 State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 years 5 months
(Specify whether years, months or days)

In this community 38 years 8 months 20 days
(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. 1318 Grand Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROY BERNARD WILLIAMS

3. (b) If veteran, name war None

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 4-9-1909
(Month) (Day) (Year)

8. AGE: Years 37 Months 8 Days 20
If less than one day hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business Common Laborer

12. Name Frank D. Williams

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

14. Maiden name Theresa Mottley

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

16. (a) Informant Frank D. Williams

(b) Address 1318 Grand Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-6-47 (b) G. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1946 hour 9 minute - P. M.

21. I hereby certify that I attended the deceased from 3-1-1946 to 12-29-1946
that I last saw him alive on 12-29-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ischiopathic grand mal with deterioration

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) §5

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(e) Means of injury _____

23. Signature J. H. Morrison (M. D. or other) _____

Address State Hospital No. 2 Date signed 12-30-46

Duration

20 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Elmer Thomas

Licensed Embalmer No.

2640

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.