

S. No. 2
-12-45
5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43235
Registrar's No. 126

Registration District No. 337

Primary Registration District No. 4497

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town CLARENCE
(c) Name of hospital or institution /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby
(c) City or town CLARENCE
(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 BENJAMIN HYSART WILLIAMS
3. (b) If veteran, name war. /
3. (c) Social Security No. /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7th
year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from December 1945 to December 7, 1946 that I last saw him alive on December 7, 1946 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULA WILLIAMS
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased JAN 31 1974 (Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage 1 1/2 hours
Due to Hypertension 3 years
Due to Mitral Stenosis 1 year

8. AGE: Years 77 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name JEFFERSON WILLIAMS
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name REBECCA ASHCAM
15. Birthplace Mo (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations /
Of autopsy /
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie Williams
(b) Address Clarence Mo

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?

17. (a) Burial (b) Date thereof 12-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Home - Clarence

18. (a) Signature of funeral director C. E. Hopper
(b) Address Clarence Mo
19. (a) Dec 10 - 1946 (b) Ruth Turner (Date received local registrar) (Registrar's Signature)

23. Signature B. L. Edgington (M. D. or other) P.O.
Address Clarence Mo. Date signed 12-9-46

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

12
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42014

RECEIVED
EMERALD HEALTH OFFICER No. 10
B-123 555 NORTH 12th St. 2289
DEC 20 1945
Date Filed

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 Clarence E. Hopper
Licensed Embalmer No. 4268
P. O. Address Clarence M Co

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.