

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

2
45
39
47070

FILED JAN 22 1947

Registration District No. 277

Primary Registration District No. 3045

Registrar's No. 1

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
208 North Green
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 41 years _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charleston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 208 North Green
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME John Ernest 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 May Williams
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 25, 1888
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>23</u>	hr. min.

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

10. Usual occupation Street & Water Commissioner
City of Charleston

11. Industry or business _____

12. Name David Owen Williams
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)

14. Maiden name Frances (not known)
 (City, town, or county) (State or foreign country)

15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Williams
 (b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 12-22-1946
 (Burial, cremation or removal) (Month) (Day) (Year)
O.O.F. Cemetery

(c) Place: burial or cremation Charleston, Missouri
 18. (a) Signature of funeral director [Signature]
 (b) Address Charleston, Missouri

19. (a) 1-16-47 (b) Mrs. John Bondurant
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 18th
 year 1946 hour 8:00 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 12-15, 1946 to 12-18, 1946
 that I last saw him alive on 12-17, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism, thrombosis
 Due to Dead arrival
 Duration _____

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: A 4A
 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:
 (c) 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) _____
 (b) Means of injury _____
 23. Signature [Signature] (b) [Signature]
 Address Charleston, Mo Date signed 12-17-46

RECEIVED

District Health Office No. 2,

District File Number 147-74

Date Filed 1-20-47

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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.