

No. 2  
4-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43726**

FILED FEB 1947

Registration District No. **375**

Primary Registration District No. **6288**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Grove Springs  
(If outside city or town limits write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether years, months or days)

In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Grove Springs Rural  
(If outside city or town limits write "RURAL")

(d) Street No. R. Route  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Williams

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 11 1946 to Sept 11 1946  
that I last saw him alive on Sept 11 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Sept 15 1873  
(Month) (Day) (Year)

Immediate cause of death Sudden Resuscitation 2 yrs

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

72 11 27 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Williams

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

{ 14. Maiden name Cass Massey

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

Major findings: Of operations 92B

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Earl Williams

(b) Address Grove Springs Mo.

17. (a) Burial (b) Date thereof 9-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Jan. 21, 1947 (b) Barner  
(Date received local registrar) (Registrar's signature)

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 T

23. Signature J.R. Mott (M. D. or other) Harville Mo.  
Address \_\_\_\_\_ Date signed 9/14/46

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

42533

342

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 147-161

Date Filed JAN 31 1947

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.....

*No Embalming*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Dorsey M. Howe*.....

Licensed Embalmer No. *4222*.....

P. O. Address *Lebanon, 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.