

FILED MAR 31 1947

Registration District No. 778

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: 6 days (Specify whether
In this community entire life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William ELIJAH Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Maudie Savage 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 31 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Joseph Williams

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

14. Maiden name Mary Ann Harris

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

16. (a) Informant Uncle Williams

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 3-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

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

(b) Address Lebanon Mo.

19. (a) 3-22-1947 (b) Dr. Frank Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. King St. no house number
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1947 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from
10-8- 1946 to 3-16- 1947
that I last saw him alive on 3-16- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to _____

Due to _____

Other conditions arthritis 20 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 111A

Duration
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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. E. Hanell (M. D. or other) MD

Address Lebanon, Mo. Date signed 3-17-47

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

3
1
2

Received 3/27/47

Laclede County Health Unit

File No. 3/47/41

Date Filed 3/27/47

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 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.