

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

fe 1947

State File No. 10309

FILED APR 10 1947

Registration District No. 275 Primary Registration District No. 5939 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural, Hobson Star Rt., Rolla
(c) Name of hospital or institution: Hobson Star Route, Rolla Mo.
(d) Length of stay: 60 Years
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps
(c) City or town Rural
(d) Street No. Hobson Star Route, Rolla
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME William Thomas Williams
3. (b) If veteran, name war. X
3. (c) Social Security No. X
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Williams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 11, 1867

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23 year 1947 hour 12 minute 40 PM M.
21. I hereby certify that I attended the deceased from March 1, 1947 to March 23, 1947 that I last saw him alive on March 21, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 0 Days 12 If less than one day hr. min.

Immediate cause of death cerebral hemorrhage
Duration 2 wks.

9. Birthplace Greene County Kentucky
10. Usual occupation Farmer

Other conditions Senility Hypertension
Major findings: Of operations: 83A
Of autopsy:

11. Industry or business
12. Name Allen Williams
13. Birthplace Tenn
14. Maiden name Fannie Buchanan
15. Birthplace Tenn

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Williams
(b) Address Hobson Star Rt. Rolla Mo.
17. (a) Burial (b) Date thereof Mar. 25, 1947
(c) Place: burial or cremation Lake Springs Cemetery
18. (a) Signature of funeral director Null & Sons F. H.
(b) Address 508 West 8th St., Rolla Mo.
19. (a) 4-1-47 (b) Madeline D. Stoll

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?
(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 E. E. Laird M. D. or other
Address Rolla Mo Date signed 3-30-47

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

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

Paul E. J. Juel

Registered Apprentice No. *A28*

working under my personal supervision.

Signed *S. E. J. Juel*

Licensed Embalmer No. *3394*

P. O. Address *Rolla, 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.