. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16505

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 166

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 109 W. Broadway 4
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME JAMES BENJAMIN WILLIAMS

3. (b) If veteran, name war None | 3. (c) Social Security No.

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Susie Vandiver Williams | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 - 30 - 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	9	29	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Ison Williams
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Sallie Turner
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. J.B. Williams
(b) Address 109 W. Broadway, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Femme Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 5-3-47 (Date received local registrar) (b) Mrs R E Palmer 31 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 22nd, 1947, to May 29th, 1947
that I last saw him alive on May 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart (mitral insufficiency) | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 B

Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Lloyd Simpson (M. D. ~~or other~~)

Address 506 Cherry St Date signed 6-2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number
Date Filed JUN 9 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.