1-1/47
5-17-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 30714

FILED OCT 8 1947

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 143

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 3 mos. 29da. (Specify whether years, months or days)

In this community 3 yrs. 3 mos. 29 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arkansas (b) County: Woodruff

(c) City or town: Augusta
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: Edward Edd Williams, Jr.

3. (b) If veteran, name war: World War II

3. (c) Social Security No.: Yes Not Remembered

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July 13 (Month) 1924 (Day) (Year)

8. AGE: Years 23 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace: Yelville (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Student

11. Industry or business: Attending High School

FATHER

12. Name: Edward Edd Williams, Sr.

13. Birthplace: Dallas (City, town, or county) Texas (State or foreign country)

MOTHER

14. Maiden name: Amanda Hall

15. Birthplace: Yelville (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Hospital

(b) Address: Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Removed to: Augusta, Arkansas

18. (a) Signature of funeral director: Chas U Hope

(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri

19. (a) 9/8/47 (Date received local registrar) (b) Caroline Gutshing (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1947 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 7, 1944, to September 6, 1947 that I last saw him alive on September 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic far advanced	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Same as above	

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: —

23. Signature: Wm. H. Bailey (M. D. or other) M.D.

WM. H. BAILEY, M. D.

Address: Veterans Administration Hosp. Excelsior Springs, Missouri Signed 9/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-7-47

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 J. A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.