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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

Registration District No. 207

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 31837

Registrar's No. 335

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution: 2709 Woodson
(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 -----

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2709 Woodson Ave. 4
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME HOWARD WILLIAMS

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex male 2

5. Color or race negro

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

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

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

7. Birth date of deceased July (Month) 24 (Day) 1884 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 1 | 19 | ____ hr. ____ min. |

9. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country)

10. Usual occupation retired

11. Industry or business Sonnenberg's Dept. Store

FATHER
12. Name Harrison Williams
13. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lula Roach
15. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Frances Williams

(b) Address 2709 Woodson Ave., Hannibal

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/19/47 (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director W. R. Sephus

(b) Address 810 North Ave., Hannibal, Mo.

19. (a) 9-30-47 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 13 year 1947 hour 4 minute 30 p.M.

21. I hereby certify that I attended the deceased from Sept 12, 1947 to Sept 13, 1947 that I last saw him alive on Sept 12, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinomatosis | 1 yr |
| Due to: Carcinoma fall | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: none | |
| Of autopsy: | |

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 no

(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 [signature] M.D. (M. D. or other)

Address Hannibal Mo Date signed 9-26-47

(Licensed Embalmer's Statement on Reverse Side)

## 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. R. Sephus.

Licensed Embalmer No. 3420.

P. O. Address Hannibal, 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.**