No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1947

Registration District No. 5 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6074

State File No. 32275

Registrar's No. 341

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins Route 1 Randolph Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elvins Route one
(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 life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Elvins Rual Route One
(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 Thomas George Williams
3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Williams
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March (Month) 21 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
83	5	1	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business self

FATHER
12. Name Alexander Williams
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Deloney
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Nancy Williams
(b) Address Elvins Route 1, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park View Cemetery
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 10-9-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1947 hour 5 minute 0 A.M.
21. I hereby certify that I attended the deceased from Aug July 19 47 to Aug 22 19 47 that I last saw him alive on 8-21 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	3 d
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) arteriosclerosis general angiokeratoma	

Major findings:
Of operations
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
23. Signature N. O. Hoelle (M. D. or other)
Address Desloge, Mo. Date signed 8-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1047-1312

Date Filed 10-13-47

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 C. Z. Loyer

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.