

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33947

State File No.

FILED NOV 3 1947

Registration District No. 27

Primary Registration District No. 5248

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community two yrs  
years, months or days

3. (a) PRINT FULL NAME David Edward Williams

3. (b) If veteran, 1st world war name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug 15 1887  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days -

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chariton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name William E. Williams

13. Birthplace South Wales  
(City, town, or county) (State or foreign country)

14. Maiden name Alma Yocum

15. Birthplace Del  
(City, town, or county) (State or foreign country)

16. (a) Informant Rora Williams

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 10-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury Mo

18. (a) Signature of funeral director Geo J. Linkemeier

(b) Address Salisbury Mo

19. (a) 10/22/47 (b) W. J. Planting  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15  
year 1947 hour ? minute 3 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accident

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 21

(b) Date of occurrence Oct 15 - 1947

(c) Where did injury occur? On farm Chariton Mo  
PRairie Hill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm

While at work? no (Specify type of place) on farm

(e) Means of injury on horse

23. Signature W. D. West (M. D. or other) 3

Address Oct 22 1947

ENCLOSED  
WRITE PLAIN INK  
1947  
1000

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-7-47

NOV 16 1947

NOV 4 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 Geo B Winkelman

Licensed Embalmer No. 2125

P. O. Address Salisbury 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.