. 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 DEC 3 1947
Registration District No. 222

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42407
Primary Registration District No. 4333
Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Moreau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles south Clarksburg
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Wilson Williams
3. (b) If veteran, name war No
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 Maggie Williams
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased March, 9th. 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	9	12	hr. min.

9. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Evan Williams
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucindia Jane Skiles
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Lewis Williams(son)
(b) Address Clarksburg, Mo.
17. (a) Burial (b) Date thereof 12/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moreau Cemetery
18. (a) Signature of funeral director Jowell E. Richards
(b) Address Tipton Mo
19. (a) 12-23-47 (b) Birdie Sturgis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1947 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Aug 3, 1947, to Dec 21, 1947;
that I last saw him alive on Dec 20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 Kenyon Latham (M. D. or other)
Address California, Mo Date signed 12-22-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-29-42

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 Jennee E. Richards

Licensed Embalmer No. 24466

P. O. Address Tipton 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.