S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5869

FILED MAR 13 1948

Registration District No. 277 Primary Registration District No. 3057 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: 362 South Shotwell (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 70 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

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

(d) Street No. 362 South Shotwell (If rural, give location)

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

If yes, name country ..... March

3. (a) PRINT FULL NAME Walter Lee Williams

3. (b) If veteran, name war None

3. (c) Social Security No 487-07-1767

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Nellie May Kedrick

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

7. Birth date of deceased Jan (Month) 9 (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Miner

11. Industry or business Mining

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

MOTHER
14. Maiden name Nancy Weathington
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie May Williams

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director Trust-Lilith H

(b) Address Richmond, Mo

19. (a) March 3-1948 (Date received local registrar) Mabel Jackson (Registrar's signature) 363 A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1948 hour ..... minute 4:00 A M.

21. I hereby certify that I attended the deceased from Feb 29, 1948 to Mar 1, 1948 that I last saw him alive on Mar 1, 48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Massive Cerebral Hemorrhage	5 hours
Due to: Hypertension + Arterial Sclerosis	5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 83 A

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 .....

(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 2

23. Signature Dr. E. G. Kerans AB.RO. (M. D. or other)

Address Richmond, Mo. Date signed Mar 9, 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-48

APR 9 1948

MAR 27 1948

MAR 17 1948

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 George Dhile

Licensed Embalmer No. 4066

P. O. Address Richmond 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.