S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7949

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 316

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1313 North 10th St., McKernan Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community Do not know years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 322½ Edmond Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME James R. Williams
3. (b) If veteran, name war Do not know
3. (c) Social Security No. Do not know
4. Sex male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced ?
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 1 (Day) 1872 (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
75	3	3	hr. min.

9. Birthplace Do not know (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farm laborer
11. Industry or business

FATHER
12. Name Do not know
13. Birthplace Do not know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Records Social Welfare Board
(b) Address St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Stanley Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 3-15-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3822

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Viewed March 4th, 1948 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 R. W. Tadlock Coroner (M. D. or other)
Address KING Hill Bldg St. Joseph, Missouri Date signed 3/8/48

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

Todlock

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.