

National Office of Vital Statistics  
 FILED MAR 23 1948  
 Registration District No. 585

## STANDARD CERTIFICATE OF DEATH

State File No. 9320  
 Registrar's No.

Primary Registration District No. 3039

## 1. PLACE OF DEATH:

(a) County LINN  
 (b) City or town Marceline  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Francis Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 34 yrs. (Specify whether  
 years, months or days)

## 3. (a) PRINT FULL NAME

John Andrew McWilliams  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 28, 1857  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 8 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Medical Doctor

11. Industry or business \_\_\_\_\_

12. Name Andrew W. McWilliams

13. Birthplace Marion Co. Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Francis Ann Wright

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

16. (a) Informant A. M. McWilliams

(b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof Mar. 9, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Co. Bucklin, Mo.

18. (a) Signature of funeral director Region Funeral Service

(b) Address Bucklin, Mo.

19. (a) 4-9-1948 (b) May Jane Atkins  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58  
 (c) City or town Bucklin 0  
 (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 Mar day 7  
 year 1948 hour 8 minute 5 A. M.

21. I hereby certify that I attended the deceased from March 3, 1948 to March 7, 1948  
 that I last saw him alive on March 6, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

congestive heart failure 5 days.

Due to arteriosclerosis 20 yrs.  
heart disease

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 B. B. Hurst (M. D. or other) MD.

Address Marceline, Mo. Date signed 3-8-48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

Licensed Embalmer No. 4037

P. O. Address Bucklin 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.