FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25339

Registration District No. 1 | Primary Registration District No. 3000 | Registrar's No. 246

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11days 17hrs. 45min. (Specify whether years, months or days) In this community

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

52 / 0 / 1

3. (a) PRINT FULL NAME: Mr. Charles W. Williams
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: SINGLE
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: December (Month) 17 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	26	hr. min.

9. Birthplace: Hurdland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: James N. Williams
13. Birthplace: KNOX CO (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: Sarah Smallwood
15. Birthplace: KNOX Co. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: John Williams
(b) Address: High River, Alberta, Canada
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Aug 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Hurdland Mo
18. (a) Signature of funeral director: [illegible] Jr.
(b) Address: Hurdland, Mo.
19. (a) 8-19-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1948 hour 1 minute 55 AM.
21. I hereby certify that I attended the deceased from July 31, 1948, to Aug 12, 1948, that I last saw him alive on Aug 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia	Duration: 2 wks
Due to: Long standing prostatic obstruction & infection	several yrs
Due to:	
Other conditions: Heart disease (myocardial) (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations: N.S.
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: George E. Grim (M. D. or other) MD
Address: Kirksville, Mo. Date signed: 8/14/48

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

RECEIVED
District Health Officer No. 10
District File Number 8:48:1489
Date Filed AUG 23 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 G. B. Easley Jr.

Licensed Embalmer No. 3756

P. O. Address Hurdland, 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.