FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 10 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25340

Primary Registration District No. 3000

Registrar's No. 258

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 4 days 1 hour (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Sullivan

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: James Williams

3. (b) If veteran, name war: —

3. (c) Social Security No. 488-14-6293

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Wd

6. (b) Name of husband or wife: Eva Williams

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: November (Month) 29 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 1 If less than one day hr. min.

9. Birthplace: Sullivan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: laborer

11. Industry or business:

FATHER

12. Name: George Washington Williams

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Hannah Johnson

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

16. (a) Informant: Mrs Jerome Eccles

(b) Address: Gorin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Castle Cem

18. (a) Signature of funeral director: Glenn E. Grant & Son

(b) Address: Green City, Mo

19. (a) 9-7-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 26, 1948 to August 30, 1948; that I last saw him alive on Aug 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Chronic hypertension	2
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 43A 03A	

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: [illegible] (M. D. or other)

Address: Kirksville, Mo. Date signed 9-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9:48:15
Date Filed SEP 9 - 1949

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 Glenn E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.