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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1948

Registration District No. 1973

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26975

Primary Registration District No. 5709

Registrar's No. 13

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Rural
(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 Joseph Williams

3. (b) If veteran, name war No

3. (c) Social Security No. ~~[illegible]~~ No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Laura Williams

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 13 (Day) 1879 (Year)

8. AGE: Years 69 Months 3 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Barkley (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Miner

FATHER
12. Name Thomas Williams
13. Birthplace Unknown (City, town, or county) Pennsylvania 1 (State or foreign country)

MOTHER
14. Maiden name Molly Healer
15. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Ike Williams
(b) Address Goodman Rt. I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery-Neosho Rt. 2

18. (a) Signature of funeral director John R. Papineau
(b) Address Goodman, Missouri

19. (a) Aug. 20/48 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 5, 1948, 19..., to June 20, 1948, 19..., that I last saw him alive on June 20, 1948, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to

Due to

Other conditions Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Harold C. Ward D.O. (M. D. or other) D.O.

Address Goodman, Mo. Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

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

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.