

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27341

State File No.

FILED SEP 9 1948

Registration District No. 272

Primary Registration District No. 6000

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town 0 miles north of Vandalia
(If outside city or town limits, write "RURAL" and name of township)
JASPER-TOWNSHIP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert Richardson Williams

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia Williams 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 6, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 21 hr. _____ min.

9. Birthplace Bowling Green, Ken.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business FARM.

12. Name Calvin Williams

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

14. Maiden name Sarah Williams

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Williams

(b) Address Vandalia, Mo.

17. (a) Burial (b) Date thereof AUG. 29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia - Mo.

18. (a) Signature of funeral director W. L. Waters

(b) Address Vandalia, Mo.

19. (a) 7/1/48 (b) Clyde C. Wilkey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ralls 87
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 miles north of Vandalia 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th
year 1948 No medical attention

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Probable Duration _____

Cause of Death
Due to Cerebral Hemorrhage

Due to _____

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

Major findings: Of operations _____

Of autopsy 830

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 3rd corner

23. Signature Clyde C. Wilkey (M.D. or other) _____

Address Phelps, Mo. Date signed 7/27/48

RECEIVED
District Health Officer No.
District File No. 248-1
Date Filed SEP 8 - 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.....

William B. Waters

Licensed Embalmer No.

4169

P. O. Address.....

Vandalia 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.