

FILED SEP 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9-57-1053

Registration District No. 170

Primary Registration District No. 5636

Registrar's No. 99

1. PLACE OF DEATH:

- (a) County Laclede
- (b) City or town Morgan
(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 _____)
In this community 44 yrs
years, months or days

3. (a) PRINT FULL NAME Hosie Martin Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-03-9138

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Mary Williams 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept. 19 1908
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Rail Road Employee

11. Industry or business Section Foreman

12. Name J. A. Williams

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

14. Maiden name Aranda Brown

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

16. (a) Informant Lloyd Williams

(b) Address Morgan Mo.

17. (a) Burial (b) Date thereof 9-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roper Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon, Mo.

19. (a) 9-14-48 (b) Jessie B. Lynch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Laclede
- (c) City or town Morgan
(If outside city or town limits, write "RURAL")
- (d) Street No. Rural Route
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 7 Sept 48, 1948, to 7 Sept 48, 1948.
that I last saw him alive on 7 Sept 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Sub acute bacterial Endocarditis Duration 3 mo.

Due to _____

Due to _____

Other conditions Dental X-rays
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 910

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature Paul A. Jenkins (M. D. or other) _____
Address Lebanon, Mo. Date Sept 11 48

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

MOTHER FATHER

NOV 13 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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.