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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32746

Registration District No. 382 Primary Registration District No. 4230 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Armstrong
(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 years, months or days) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Randolph~~ Howard 45
(c) City or town Armstrong 3
(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 Harvey Patterson Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Howard County (City, town, or county) Missouri X (State or foreign country)
10. Usual occupation general laborer
11. Industry or business
FATHER
12. Name Lumb Williams
13. Birthplace Don't know (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Otis McCoy
(b) Address Huntsville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/15/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Roanoke, Missouri
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo
19. (a) Oct. 15, 1948 (Date received local registrar) (b) Walker Audsley per Ed Simmons (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1948 hour 3:00 P.M. minute M.
21. I hereby certify that I attended the deceased from July 10 1948, 19 to Oct 13, 1948;
that I last saw him alive on Sept 10, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac failure	2 hours
Due to Arteriosclerotic heart disease	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Frances D. Dean (M. D. or other) M.D.
Address Lee Hosp. Fayette, Mo Date signed 10-15-48

(Licensed Embalmer's Statement on Reverse Side)

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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.