

FILED DEC 3 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 344

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
510 Dal-Whi-Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Months (Specify whether years, months or days)
In this community 18 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Eugene Williams

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minerva E. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 21 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 5 hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name James T. Williams
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth C. Steele
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Hausam
(b) Address 510 Dal-Whi-Mo, Sedalia, Mo

17. (a) Burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill, Warrensburg

18. (a) Signature of funeral director DW Leckart
(b) Address Sedalia, Mo.

19. (a) 11-27-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Dal-Whi-Mo
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 26
year 1948 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 10 1947 to Nov 25 1948
that I last saw him alive on Nov 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chs myocarditis
Due to arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 935
Of autopsy _____
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? Mo.

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature JW Boger (M. D. or other) MD
Address Sedalia Mo Date signed 11/27/48

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 12-2-48

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DEC 2 1948

U.S. DEPARTMENT OF HEALTH

WASHINGTON, D.C.

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 _____

SW Hebert

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.