

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39993**

FILED DEC 30 1948

Registration District No. **144**

Primary Registration District No. **4234**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90

(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? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Francis Marion Williams

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 8 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name Wesley Williams 9

13. Birthplace Unknown (State or foreign country)

14. Maiden name Eliza Williams (State or foreign country)

15. Birthplace Unknown (State or foreign country)

16. (a) Informant Mrs. Ora Baker

(b) Address Lesterville Mo.

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

(c) Place: burial or cremation Monterey Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address White Ironton Missouri

19. (a) 12-17-48 (Date received local registrar)

(b) Avis Jones (Registrar's signature) 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 24, 1948 to Dec. 15, 1948; that I last saw him alive on Dec. 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar

Due to Apoplexy, cerebral

Due to _____

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

Major findings:
Of operations _____

Of autopsy 100

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) (c) Means of injury _____

23. Signature Bruce Bull (M. D. or other) M.D.

Address Ironton, Mo. Date signed 12-16-48

Duration 2 days

1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47
1
0

RECEIVED

Health Officer No. 4
File Number 1248-162
Date Filed 12-29-48

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 Analy White
Licensed Embalmer No. 3012
P. O. Address Greentown, Va

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.