

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 297

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 447

18465

State File No. _____

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Ray Henrietta
(b) City or town Henrietta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whetherIn this community _____
years, months or days)3. (a) PRINT
FULL NAMEJobe Williams(b) If veteran name war World War I
3. (c) Social Security No. 711-12-46544. Sex Male 5. Color of race Caucasian
(a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mrs. Milissie Williams alive 50 years
6. (c) Age of husband or wife if7. Birth date of deceased March 10, 1897
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
50 2 3 hr. min.9. Birthplace Henrietta Mo
(City, town, or county) (State or foreign country)10. Usual occupation Labor

11. Industry or business _____

12. Name Henry Williams13. Birthplace Henrietta Mo
(City, town, or county) (State or foreign country)14. Maiden name Mollie Laughton15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Milissie Williams(b) Address Henrietta Mo17. (a) Burial (b) Date thereof 5-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richmond Mo18. (a) Signature of funeral director Green and Sons(b) Address Lepington Mo19. (a) May 14 - 47 Mabel Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Henrietta
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1947 hour 10 minute 55 A.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 94A
Of operations _____

Of autopsy _____

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? yes (Specify type of place) _____
(e) Means of injury 323. Signature J. F. Baker coroner.
(M.D. or other)Address Richmond Mo Date signed 5-14-47

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

MOTHER FATHER

RECEIVED

District Health Officer, No. 6.

District File Number _____

Date *APR 8 1947* _____ *5-29-47*

APR 8 1947
JUL 18 1947

JUN 11 1947

JUN 3 1947

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 *George A. Genn*

Licensed Embalmer No. *4220*

P. O. Address *Leicester, Ma*

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.