

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE GENERAL
REGISTERED
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9837**

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **26**

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond, Mo.
 (c) Name of hospital or institution:
362 South Shotwell St.
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution None (Specify whether)
 In this community 18 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Richmond, Mo.
 (d) Street No. 362 South Shotwell St.
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Kenneth S. Williams
 3. (b) If veteran, name war No
 3. (c) Social Security No. 496-24-8811

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month March day 10th
 year 1948 hour 9 minute 45 P. M.
 21. I hereby certify that I attended the deceased from 1-5-48
 19_____, to 3-10-48, 19_____
 that I last saw him alive on 3-10-48, 19_____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 19, 1930
 (Month) (Day) (Year)

Immediate cause of death _____
Broncho-pneumonia Duration 3 days
 Due to Fracture of Spine 7 mo.

8. **AGE:** Years Months Days If less than one day
18 0 21 hr. min.

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

9. Birthplace Richmond, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Walter Lee Williams
 13. Birthplace Ray County, Mo.
 14. Maiden name Nellie May Hedrick
 15. Birthplace Unknown Tenn.
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence August 28, 1947
 (c) Where did injury occur? Rupert, Idaho
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place
 While at work yes (Specify type of place) MI fall
 (e) Means of injury _____
 23. Signature Jos Jackson (M. D. or other)
 Address Richmond, Mo. Date signed 3-19-48

16. (a) Informant Mrs. Nellie May Williams
 (b) Address Richmond, Mo.
 17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof 3/12/48 (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery
 18. (a) Signature of funeral director Quest-Lile F. Home
Richmond, Missouri
 (b) Address _____
 19. (a) March 20-1948 (Date received local registrar)
Malcolm Jackson (Registrar's signature) 297

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

19
1
1

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-22-48

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 George H. Hill

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.