

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

FILED MAR 13 1948
Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **18**

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

1. PLACE OF DEATH

(a) County Way

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

(c) Name of hospital or institution:
362 South Stratwell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 70 years
years, months or days

3. (a) PRINT FULL NAME WALTER LEE WILLIAMS

3. (b) If veteran, name war none

3. (c) Social Security No. 487-07-1767

4. Sex Male **5. Color or race** W

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

6. (b) Name of husband or wife Mellie May Leitch **6. (c) Age of husband or wife if alive** Suburban

7. Birth date of deceased Jan 9 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>21</u>	hr. min.

9. Birthplace Richmond, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business Mining

MOTHER FATHER

12. Name Buriah Williams

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Frances Watlington

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mellie May Williams

(b) Address Richmond, MO

17. (a) Burial **(b) Date thereof** 3/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Richmond, MO

18. (a) Signature of funeral director Wm. J. H.

(b) Address Richmond, MO

19. (a) March 3-1948 **(b)** W. Lee Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Way

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. 362 South Stratwell
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour _____ minute 4:10 A.M.

21. I hereby certify that I attended the deceased from Feb 29, 1948, to Mar 1, 1948
that I last saw him alive on Mar 1, 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Cerebral Hemorrhage **Duration** 5 hours

Due to Hypertension + Arterial Sclerosis **5 years**

Due to _____

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

Major findings:

Of operations _____

Of autopsy 83A

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature W. E. G. Rerans **(M. D. or other)** AB. DO.

Address Richmond, MO **Date signed** Mar 9, 48

RECEIVED

District Health Officer No. 8

District File Number

3-12-48

APR 9 1948

MAR 29 1948

MAR 17 1948

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 Phile

Licensed Embalmer No. 4066

P. O. Address *Richard St*

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.