

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38570

Registration District No. 225

Primary Registration District No. 5306

Registrar's No. 9

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town SALINE

(c) Name of hospital or institution: FREE BURIAL

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

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

In this community LIFE years, months or days

3. (a) PRINT FULL NAME JERRY WILLIAMS

3. (c) Social Security No. NONE

8. (b) If veteran, name war NONE

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife GEORGIA WILLIAMS

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

7. Birth date of deceased OCT. 10 1868

8. AGE: Years 72 Months 0 Days 25 If less than one day hr. _____ min.

9. Birthplace COOPER COUNTY MISSOURI

10. Usual occupation FARMER

11. Industry or business FARM

12. Name UNKNOWN

13. Birthplace _____

14. Maiden name UNKNOWN

15. Birthplace _____

16. (a) Informant VIOLA IRENE LUCAS

(b) Address GOOCH MILL, MO.

17. (a) BURIAL (b) Date thereof NOV. 6 1940

(c) Place: burial or cremation SPLICE CREEK MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 7-40 (b) W. Cooper

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cooper

(c) City or town Rural Saline

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1940 hour _____ minute 6 a M.

21. I hereby certify that I attended the deceased from June 1940 that I last saw him live on 10-27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Duration hour

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature A. H. Murchick (M. D. or other) _____

Address Boonville, Mo Date signed 11/4/40

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

RECEIVED
District Health Officer No. 8
District File Number 12-9-40
Date Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Brownville, 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, above space should be left blank.