

FILED SEP 16 1948

Registration District No.

Primary Registration District No. 5315

Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Cooper
(b) City or town: Salem Mo
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution:
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cooper
(c) City or town: Salem Mo
(d) Street No.:
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

(a) PRINT FULL NAME

Oliver Milton Williams

MEDICAL CERTIFICATION

3. (b) If veteran, name war:

3. (c) Social Security No. 0

20. DATE OF DEATH: Month 9 day 9 1948
year 48 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from 1-19-48 to 9-9-48
that I last saw him alive on 9-8-48 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis
Heart A.S.S.

Duration

3

4. Sex: Male Color: Cal Race: W
6. (b) Name of husband or wife: None (c) Age of husband or wife if alive:

7. Birth date of deceased: Oct 8-1898
8. AGE: Years 52 Months 11 Days 7

Due to:

Other conditions: Sepsis
Major findings: Of operations:

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace: Farmer (City, town, or county) (State or foreign country)
10. Usual occupation:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence: 30 9
(c) Where did injury occur?

11. Industry or business:

12. Name: Jerry Williams
13. Birthplace:

14. Maiden name: Jane Henderson
15. Birthplace:

9-11-48

no

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

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. Steger

Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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, fact should be so stated above.