V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11865

Registration District No. 773 Primary Registration District No. 6023 Registrar's No. 16

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington Rt 4 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pendleton
(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 time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Franklin Williams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jenevive Jarret
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 13 (Day) 1876 (Year)

8. AGE: Years 65 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Liberty Ville St Francois Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Farmer
FATHER 12. Name Isaac Van Williams
13. Birthplace Libert Ville St Francois Co Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy Ann Walter
15. Birthplace Liberty Ville St Francois Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Van Williams
(b) Address Farmington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation K P Cemetery
18. (a) Signature of funeral director Farmington Und Co
(b) Address Farmington Mo
19. (a) 3-2-42 (Date received local registrar) (b) Byrdie S. Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1942 hour 12 minute 30 a.M.
21. I hereby certify that I attended the deceased from Feb 10, 1942, to Mar 1, 1942, that I last saw him alive on Feb 26-42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Endo-carditis & myocarditis — Duration
Due to Lobar Pneumonia & Malnutrition
Due to
108
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. M. Stanfield (M. D. or other)
Address Farmington Mo Date signed 3/2/42

1176

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 442-424
Date Filed 4-10-42

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 ..... Hugh Cozean

Licensed Embalmer No. 4084

P. O. Address ..... Farmington, 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.