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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42059-A

Primary Registration District No. 3061

Registrar's No. 174

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community years years, months or days)

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

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

20. DATE OF DEATH: Month 24th day Dec
year 1944 hour 8:30 minute PM. M.

21. I hereby certify that I attended the deceased from Nov 1, 1944 to Dec 24, 1944
that I last saw him alive on Dec 24, 1944
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Williams 6. (c) Age of 52 or wife if alive 52
7. Birth date of deceased Aug 6th 1879
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach 3-4 M
Duration _____

8. AGE: Years 65 Months 4 Days 18
If less than one day. hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Greene Lamoille, mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation retired

Major findings: Of operations _____

11. Industry or business _____

Of autopsy 4/6 B
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name James Williams
13. Birthplace mo
(City, town, or county) (State or foreign country)

14. Maiden name Armeda Underhill
15. Birthplace mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Williams
(b); Address Flat River mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44
(Month) (Day) (Year)
(c) Place: burial or cremation Greene Lamoille, mo

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) _____

18. (a) Signature of funeral director Baldwell
(b) Address Flat River mo.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 6-5-48 (Date received local registrar) (b) Ether Rudloff
(Registrar's signature)

23. Signature W. J. Zussman, D.D. (M.D. or other)
Address Flat River, mo. Date signed 12/26/44

JUN 8 1908

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River road

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.