No. 2
—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1947

Registration District No. 7

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 20411

Registrar's No. 157

**1. PLACE OF DEATH:**

(a) County Cole

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

(c) Name of hospital or institution Missouri State Penitentiary Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether)

In this community 1 yr 1 mo. 7 days (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Moniteau

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

(d) Street No. Gen. Delivery (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Williams

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased September (Month) 12 (Day) 1900 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 46 | 9 | 29 | hr. min. |

9. Birthplace Unknown (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name ---- Unknown

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

14. Maiden name --- Unknown

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

16. (a) Informant Mo. State Prison Hosp. Recd

(b) Address Jefferson City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

Tanner Funeral Home

18. (a) Signature of funeral director

(b) Address

19. (a) 7-11-47 (Date received by local registrar) (b) R. O. Dorris MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 11th year 1947 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from June 29, 1947, 19--, to July 11th, 1947; that I last saw him alive on July 10th 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Respiratory failure | 1 day |
| Due to: Carcinoma, lungs, metastatic | 1 mo. + |
| Due to: (Unknown) | |
| Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. L. Jackson M.D. (M. D. or other)

Address Mo. Penit. Hospital Date signed 7-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-14-47
JAN 16 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 J. W. Anderson

Licensed Embalmer No. 3641

P. O. Address Jerico.

**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.**