

1. PLACE OF DEATH:

(a) County **Moniteau**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

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

In this community **Entire life**
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

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

(d) Street No. **3 Miles south Clarksburg**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **Wilson Williams**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Maggie Williams**

6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **March, 9th, 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	9	12hr.min.

9. Birthplace **Moniteau County, Missouri**
(City, town, or country) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Evan Williams**

13. Birthplace **Virginia**
(City, town, or country) (State or foreign country)

14. Maiden name **Lucindia Jane Miles**

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

16. (a) Informant **Lewis Williams (son)**

(b) Address **Clarksburg, Mo.**

17. (a) **Burial** (b) Date thereof **12/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moreau Cemetery**

18. (a) Signature of funeral director **Jesse E. Richard**

(b) Address **Linton Road**

19. (a) **12-23-47** (b) **Birdie Sturgis**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21**
year **1947** hour **4** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 3**, 19**47**, to **Dec 21**, 19**47**, that I last saw him alive on **Dec 20**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsies _____

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 **Bernard Latham** (M. D. or other) _____
Address **Clarksburg, Mo** Date signed **12-22-47**

Duration **13 years**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-29-47

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 *Jessie E. Richards*
Licensed Embalmer No. *24466*
P. O. Address *Jipton, 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.