S. No. 2
M—5-42
17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18454
State File No.

D JUN 10 1943 Registration District No. 224
Primary Registration District No. 3046
Registrar's No. 83

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs (Specify whether years, months or days)
In this community all his life

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.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo Curtis 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 Married
6. (b) Name of husband or wife Zelma Williams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 17 (Day) 1906 (Year)
8. AGE: Years 37 Months 2 Days 11 If less than one day hr. min.
9. Birthplace Moniteau (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Edgar Williams
13. Birthplace Moniteau (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name Cora Deakins
15. Birthplace Moniteau (City, town, or county) MO (State or foreign country)
16. (a) Informant A. E. Williams
(b) Address California MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Burke Cemetery
18. (a) Signature of funeral director Williams & Friedmeyer
(b) Address California Mo
19. (a) 5-29-43 (Date received local registrar) R. J. Allee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 7 minute 23 A.M.
21. I hereby certify that I attended the deceased from 6-8, 1942 to 5-28, 1943,
that I last saw him alive on 5-28, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure due to mitral stenosis	1 day
Due to Rheumatic fever	13 yrs.
Due to	

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 Kenyon Latham (M. D. ~~or other~~)
Address California Mo Date signed 5-29 43

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(Licensed Embalmer's Statement on Reverse Side)

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.

NOV 2 1950

Signed H E Fred meyer

Licensed Embalmer No. 2854

P. O. Address California 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.