

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25234

FILED JUL 24 1944
Registration District No. 185

Primary Registration District No. 3046

Registrar's No. 185

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 10 year
years, months or days)

3. (a) PRINT FULL NAME NOAH BELL WILLIAMS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Williams 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Aug 23 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer + laborer

11. Industry or business Farm

MOTHER FATHER { 12. Name James Williams
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Williams
(b) Address California, Mo

17. (a) Burial (b) Date thereof 5/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Cemetery

18. (a) Signature of funeral director J. Williams
(b) Address California Mo

19. (a) 6-6-44 (b) A. G. Allen
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from May 8
1944, to May 29, 1944
that I last saw him alive on May 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis with shock Duration 3 weeks

Due to Ruptured appendix 3 weeks
Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/11

Major findings: Ruptured appendix with shock
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? _____

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

23. Signature Kenyon Latham (M. D. or other) _____
Address California, Mo Date signed 6-2-44

(Licensed Embalmer's Statement on Reverse Side)

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

1312

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 7-21-44

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.....

H. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address.....

California 7mo

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.