

NOV 7 1939

Registration District No. 420n

Primary Registration District No. 3022

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Wesoto Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 100 N. Third St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson  
(c) City or town Wesoto Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 100 N. Third St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME J. Harry 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 Anna Kennedy 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. 18 - 1877  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Scranton Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation State Labor Inspector

11. Industry or business \_\_\_\_\_

12. Name John Peter Williams

13. Birthplace not known France  
(City, town, or county) (State or foreign country)

14. Maiden name Wes. Horn

15. Birthplace Scranton Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stella Williams

(b) Address 100 N 3rd St.

17. (a) Rural (b) Date thereof Oct-12-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary - Wesoto Mo.

18. (a) Signature of funeral director Lee Motherhead

(b) Address Wesoto - Mo.

19. (a) 10-23-39 (b) Jesse D. Small  
(Date received local registrar) (Registrar's signature) 291

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1939 hour 3 minutes 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Oct. 9, 1939 that I last saw him alive on Oct 9, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis with acute obstruction of the gall-bladder Duration 30 days  
Due to unknown cause

Due to \_\_\_\_\_  
Other conditions J.F.  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none  
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 Stella Williams (M. D. or other) \_\_\_\_\_  
Address Wesoto Mo. Date signed 10/12/39

1 X1951  
WHILE FLAINLY USE UNFADING BLACK INK - MAKE A PERMANENT RECORD  
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

0110  
1100-1100  
1100-1100

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**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 *John M. Othman*  
Licensed Embalmer No. *3531*

P. O. Address.....

**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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36434  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420  
(b) Township Desota Primary Registration District No. 3022 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Harry Williams St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 1-5 1940 Jeneva Donnell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Walter E. Gibson, M. D. (Signed) \_\_\_\_\_

(Address) Desota Mrs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

