ALED JUN 17 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17749

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 136

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: General Delivery (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 2 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

0

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

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Baby Williams 452

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 5 (Day) 1940 (Year)

8. AGE: Years — Months — Days — If less than one day 2 hr. -- min.

9. Birthplace Kirksville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant 0

11. Industry or business Infant 0

FATHER
12. Name Wilbur Williams
13. Birthplace Kirksville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucinda Garett
15. Birthplace Dk (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Wilbur Williams

(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Missouri

19. (a) June 6/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from June 5, 1940 to June 5, 1940 that I last saw him alive on June 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Atelectasis

Due to Prematurity

Due to

Other conditions (Include pregnancy within 3 months of death)

159

Major findings:
Of operations

Of autopsy

Duration

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)

3

While at work? (e) Means of injury

23. Signature Thos Denby (M. D. or other) 3 D.O.

Address Kirksville Date signed June 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1254
Date Filed JUN 13 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.