

**FILED JUN 20 1940**

Registration District No. **156**

Primary Registration District No. **4090**

Registrar's No. **31**

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

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Harrisonville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days 450

8. (a) PRINT FULL NAME VIRGINIA CAMPBELL WILLIAMS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm H Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Virginia (City, town, or county) (State or foreign country) 1

10. Usual occupation at home

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

12. Name Campbell Davis

13. Birthplace Va 1 (City, town, or county) (State or foreign country)

14. Maiden name May C Alexander

15. Birthplace Va 1 (City, town, or county) (State or foreign country)

16. (a) Informant Beard Gameson

(b) Address 2945 - E. 29th - K.C. Mo

17. (a) burial (b) Date thereof May 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery  
RURNERBURGER'S

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address HARRISONVILLE, MO.

19. (a) 5/10/40 (b) Beedusley M.D.  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1940 hour 09:00 minute A M.

21. I hereby certify that I attended the deceased from 7-13-38  
\_\_\_\_\_ 19\_\_\_\_, to May 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Initial disease of heart Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Probable Cx of Stomach  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? 845

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

23. Signature Beedusley (M. D. or other) 1  
Address \_\_\_\_\_ Date signed 5-10-40

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 Ernest Runnenbeger  
Licensed Embalmer No. 3368  
P. O. Address Harrisonville 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, above space should be left blank.**