

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 29029

Registration District No. 142

Primary Registration District No. 5688

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County McDonald
 (b) City or town Rural Goodman
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Alphonso Williams
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Beatrice Williams 6. (c) Age of husband or wife if alive 25 years
 7. Birth date of deceased November 2, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 9 29 _____ hr. _____ min.

9. Birthplace Corsicana Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business WPA

MOTHER FATHER
 12. Name Richard Williams
 13. Birthplace Corsicana Texas
(City, town, or county) (State or foreign country)
 14. Maiden name Ethel Jones
 15. Birthplace Tyler Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Beatrice Williams
 (b) Address 1327 Vine St. Kansas City Mo

17. (a) Removal (b) Date thereof 9-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Carley Thompson
 (b) Address Neosho Missouri

19. (a) 9-10-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State 0 Missouri (b) County Newton
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 Mile South of Goodman
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1st. day Sept.
 year 1940 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from _____
 _____¹⁹ to _____¹⁹;
 that I last saw h. im dead Sept. 1st. 1940 _____¹⁹;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Broken neck, caused by
automobile in which he was
 Due to riding, left the highway
and crashed into a highline
 Due to pole.

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence September 1, 1940
 (c) Where did injury occur? McDonald Co. Missouri
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Public Highway, US #71
 While at work? no (Specify type of place) (e) Means of injury Auto Crash
 23. Signature [Signature] (M. D. or other)
 Address Pineville Mo Date signed 9/11/40

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically

WRITE PLAINLY—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.

RECEIVED

District Health Officer No. 6,

District File Number 940-2529

Date Filed SEP 12 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 Gail R. Gray.....

Licensed Embalmer No. 4155.....

P. O. Address Neosho, 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.