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FILED SEP. 3 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29469

Registration District No. 754

Primary Registration District No. 59779a

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Bunker
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 211
(d) Length of stay: In hospital or institution 16 years
In this community 16 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Reynolds
(c) City or town Bunker
(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.?

3. (a) PRINT FULL NAME Harry Marvin Williams
3. (b) If veteran, name war World War
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 10 1940
year 1940 hour 1:00 minute 30 P.M.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Zala Ellen.
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased 3 1 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 10, 1940 to Aug. 13, 1940
that I last saw Jim alive on Aug. 13, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death:
Abscess of the right kidney and
a myocarditis degeneration

8. AGE: Years 52 Months 5 Days 12
If less than one day hr. min.

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

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

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER
12. Name Jim Williams
13. Birthplace
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Moore
15. Birthplace
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy

16. (a) Informant E. Ellen Williams
(b) Address Bunker

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

17. (a) Burial (b) Date thereof 8-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker

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?
740
(Specify type of place)
While at work? (e) Means of injury

18. (a) Signature of funeral director Walter G. Burdhan
(b) Address Salem Mo

19. (a) Aug. 14 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature L. L. Hanson (M. D. or other)
Address Bunker, Mo. Date signed

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

11-10-39

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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.....

N. D. Hobrow
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

N. D. Hobrow
Licensed Embalmer No. *928*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No. 984

Primary Registration District No. 5979a

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Carroll T.P.
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Harvey Marvin Williams

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH _____ month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 16 1940 to Aug 13 1940 that I last saw him alive on Aug 13 1940 and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 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 L. L. Hennessy (M. D. or other) _____

Address Bunker Date signed _____

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

SUPPLEMENTAL

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29469

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 954

Primary Registration District No. 5979c

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County..... Reynolds

(b) City or town..... Carroll
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Harry Marvin Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years Months Days If less than one year _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug day 13
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Right lung abscess of the
this cardiac degeneration
Bronchiectasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gzc

Major findings: _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY