No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7236

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HOURS (Specify whether years, months or days)
In this community 6 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 29 & + MOFFETT
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 No years.

3. (a) PRINT FULL NAME GARY GENE WILLIAMS
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY (Month) 3 (Day) 1941 (Year)
8. AGE: Years 0 Months 0 Days 6 If less than one day hr. min.
9. Birthplace JOPLIN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation NONE
11. Industry or business NONE
FATHER
12. Name GUS WILLIAMS
13. Birthplace STOCKTON (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name HELEN ERWIN
15. Birthplace EBNER (City, town, or county) OKLAHOMA (State or foreign country)
16. (a) Informant Guy Williams
(b) Address Joplin Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEMETERY
18. (a) Signature of funeral director Harlfut Und Co.
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 2-13-41 (Date received local registrar) (b) Edd James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 12 year 1941 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 8, 1941, to Feb. 12, 1941; that I last saw him alive on Feb 12 - 1941, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death PYE MATURITY. (7 mos. gestation) — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. CRAWFORD (M. D. or other authority)
Address 804 FRISCO Bldg Date signed 2-13-41

(Licensed Embalmer's Statement on Reverse Side) Joplin - Mo

49
2
5

41-3-240

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.

Baby Not Embalmed.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.