

ANSO MAY 26 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14742

State File No. _____

Registration District No. 384

Primary Registration District No. 5335

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hawaii
(b) City or town West Hawaii, mo k. H.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Howell Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hawaii
(c) City or town West Hawaii, mo
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location) ✓ 0
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1941 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from 3/7, 1941, to 3/17, 1941,
that I last saw him alive on 3/17, 1941,
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Paul Wilmer Williams

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

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

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

7. Birth date of deceased Aug 17 - 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 0 If less than one day hr. _____ min. _____

9. Birthplace: Hawaii Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name W. R. Williams
13. Birthplace Antanas
(City, town, or county) (State or foreign country)

14. Maiden name Adgie Ball
15. Birthplace Antanas
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Williams
(b) Address West Hawaii, mo

17. (a) B (b) Date thereof 3/18-'41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ready

18. (a) Signature of funeral director Robert
(b) Address West Hawaii, mo

19. (a) 4-5-41 (b) Vida W Simons
(Date received local registrar) (Registrar's signature)

Immediate cause of death Pneumonia
Due to Phthisis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 10/18

Major findings: _____
Of operations: _____
Of autopsy: _____

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? 344
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Maurice Thompson (M. D. or other) _____
Address _____ Date signed _____

Duration 1 yr
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Thompson

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

6000

RECEIVED

District Health Officer No. 5,

District File Number. 5411604

Date Filed _____

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 with the above constitutes grounds for revocation of license.)

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