

No. 2
-13-40
-17-39
X25159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2131

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

1. PLACE OF DEATH

(a) County. Jackson

(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Conley Clinical Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution. 18 days
(Specify whether years, months or days)

In this community. 18 days

3. (a) PRINT FULL NAME. Delmer E. Williams

3. (b) If veteran, name war. None

3. (c) Social Security No. 187-10-6424

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife. Mary Moolsey Williams

6. (c) Age of husband or wife if alive. 34 years

7. Birth date of deceased. January 13, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
39		4	19	hr. min.

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

10. Usual occupation. Printer

11. Industry or business. Newspaper

12. Name. Delmer E. Williams

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

14. Maiden name. Elsie Maupin

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

16. (a) Informant. Mrs. Delmer Williams

(b) Address. Marshall, Mo.

17. (a) Burial (b) Date thereof. 6-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Westboro, MO.

18. (a) Signature of funeral director. Don Sherk

(b) Address. Marshall, Missouri

19. (a) June 1, 1941 (b) M. D. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Saline

(c) City or town. Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 12 East City limits
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1941 hour 4:15 pm minute M.

21. I hereby certify that I attended the deceased from 5/19/41, 1941, to 6/1/41, 1941; that I last saw him alive on June 1st, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia 2 days
meninges

Due to. Extension from nasal cavity

Due to. 10:40

Other conditions. 10/1/41

Major findings: Of operations. Perforated rectum, enlarged lymph nodes, ruptured appendix, spinal curvature

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) Intoxication
(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. Crow (M. D. or other)
Address 123-N. Gladstone Date signed June 1, 1941

JUN 26 1941

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.....

Don Short

Licensed Embalmer No.

3757

P. O. Address.....

Marshall

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.