

FILED: JUL 14 1941

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ray County Home 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs.
 (Specify whether years, months or days)
 In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89
 (c) City or town Richmond Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. County Home
 (If rural, give location)
 (e) Citizen of foreign country? Citizen (Yes or No)
 If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 1941 hour 1 minute A M.
 21. I hereby certify that I attended the deceased from May 15,
1941 to June 15, 1941
 that I last saw him alive on 6-14, 1941
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME William A. Williams
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Julia Ann Williams
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 30 1846
 (Month) (Day) (Year)

Immediate cause of death: Pneumonia Duration 2 da
 Due to _____
 Due to _____
 Other conditions: Mixed Hemorrhage ?
 (Include pregnancy within 3 months of death)

8. AGE: Years 95 Months 2 Days 15
 If less than one day _____ hr. _____ min.

9. Birthplace Ray Co. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Miner

11. Industry or business _____
 12. Name William Williams
 13. Birthplace not known
 (City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Wynnegan
 (b) Address Richmond, Mo.
 17. (a) Burial (b) Date thereof 6-16-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Duckey met
 18. (a) Signature of funeral director J. B. Prothro
 (b) Address Richmond Mo.
 19. (a) June 17-41 (b) Mal Jenkins
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____
 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?
9/15 (Specify type of place) _____
 While at work _____ (e) Means of injury _____
 23. Signature Jos J. Coors (M. D. or other) MD
 Address Richmond Mo Date signed 6-17-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-12-44

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 J. B. Brothers, Registered Apprentice No. _____ working under my personal supervision.

Signed J. B. Brothers
Licensed Embalmer No. 2001
P. O. Address Richmond 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, fact should be so stated above.