

FILED SEP 12 1941

Registration District No. 1046

Primary Registration District No. 5-8-10 2002 A Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 39th and Grand /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 30 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 39th and Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1941 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 7 to Aug. 20 1941
that I last saw him alive on Aug 19 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Right Coronary May 7-1941
occlusion

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

Major findings:
Of operations _____
Of autopsy _____

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

3. (a) PRINT FULL NAME Charles Otis Williams

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased May 19 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railway Switchman

11. Industry or business Frisco R. R.

12. Name Thomas H. Williams

13. Birthplace Lynn Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma White

15. Birthplace Lynn Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Hawks

(b) Address 2426 Joplin St. Joplin Mo.

17. (a) Removal (b) Date thereat 8-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neodasha, Kansas

18. (a) Signature of funeral director Herbert Lund Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 8-21-41 (b) Ed James
(Date received local registrar) (Registrar's signature)

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? 1 (Specify type of place) (e) Means of injury _____

23. Signature Ed James (M. D. Seal) _____

Address 708 Frisco Bldg., Joplin, Mo. Date signed 8-21-41

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1452

Date Filed SEP 9 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..... *Sam E. Sweeney* &

Licensed Embalmer No. 4099

P. O. Address..... Joplin 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.