No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34150

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 289

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

1 0 0

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Rural [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green Castle, Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Green Castle
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country Born in Ohio USA

3. (a) PRINT FULL NAME John Mathew Williams

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Cary

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

7. Birth date of deceased July (Month) 25 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	18	..... hr. ..... min.

9. Birthplace Kirchocton (City, town, or county) / Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William Williams
13. Birthplace ..... (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Caroline Rapply
15. Birthplace ..... (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Anna Williams
(b) Address Green Castle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Castle Cem.

18. (a) Signature of funeral director Glenn E. Lent & Son
(b) Address Green City Mo.

19. (a) Oct. 20/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1941 hour 8 minute 15 a M.

21. I hereby certify that I attended the deceased from July 6, 1941, to Oct 13, 1941, that I last saw him alive on Sep 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to .....

Due to .....

Other conditions Age - Infirmity
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration: Unknown

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 J S Gashweiler (M. D. ~~or other~~)
Address Novinger Mo Date signed 10/13/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-41-2010
Date Filed NOV 13 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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.