

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Hunklin  
(b) City or town Fennett, Mo. Rural 6 mi. N.E. of Fennett  
(c) Name of hospital or institution: Home  
(d) Length of stay: no  
In this community Three months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hunklin 25  
(c) City or town Rural - Fennett  
(d) Street No. 5 mi north 2 1/2 mi East of  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME ROY LEE WILLIAMS

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

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 3 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 2 17 hr. min.

9. Birthplace Sherman, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chas. Williams  
13. Birthplace Oklahoma  
14. Maiden name Frances Kelley  
15. Birthplace Unknown

16. (a) Informant Calvin Kelly  
(b) Address Gen. Del. Fennett, Mo.

17. (a) Burial (b) Date thereof Oct 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cemetery

18. (a) Signature of funeral director John Salmon  
(b) Address Fennett, Missouri

19. (a) Oct 21 - 1941 (b) Julia Blankenship  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19  
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1941 to Oct 19, 1941  
that I last saw him alive on Oct. 19, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Malaria  
Due to Acute Malaria

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury 0

23. Signature Harner H. Bonds (M. D. or other)  
Address Farmerville Mo Date signed 10/20/41

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

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.....

*Not Embalmed*..... 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, fact should be so stated above.**