

DEC 12 1941

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: Mc Cune-Brooks
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage Route #3
(d) Street No. Route #3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME (Infant of) Mr. & Mrs. P. Williams

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 11-21-41 (Month) (Day) (Year)

8. AGE: Years No Months No Days No If less than one day 30 hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Paul F. Williams

13. Birthplace Jasper County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Katherine Wilbur

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

16. (a) Informant Mr. Paul Williams

(b) Address Route #3, Carthage

17. (a) Burial (b) Date thereof 11-22-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery Ed. C. Olmer

18. (a) Signature of funeral director 1208 S. Garrison (b) Address

19. (a) 11-22-1941 (b) E. J. Mc Intire, M.D. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-21-41 year 1941 hour 1:45 minute 47 P.M.

21. I hereby certify that I attended the deceased from 11-21-41 to 11-21-41

that I last saw him alive on 11-21-41 and that death occurred on the date and hour stated above.

Immediate cause of death Patent Ductus Arteriosus large Patent foramen Ovale - Blunt Injury of Intestine

Due to 15 yr

Other conditions Asites due to Congenital Heart Lesion

Major findings: Of operations

Of autopsy Congenital heart disease as described above

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?

23. Signature (Specify type of place) (e) Means of injury

Address 304 Grand (City) (Date signed) 11-21-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-12-1011

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.....

Gen. C. Fugh

Licensed Embalmer No.....

4231

P. O. Address.....

Carthage

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.