

DEC 22 1941  
Registration District No. 077

Primary Registration District No. 4403

Registrar's No. 148

1. PLACE OF DEATH:

(a) County  Phelps   
(b) City or town  Rolla, Mo.   
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
 McFarland Hospital   
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME  David H. Williams

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

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

6. (b) Name of husband or wife  Mattie  6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased  Sept 27 1863   
(Month) (Day) (Year)

8. AGE: Years  77  Months  9  Days  8  If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace  Shamstown Ill.   
(City, town, or county) (State or foreign country)

10. Usual occupation  Farming

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

12. Name  Samuel Williams

13. Birthplace  Xenia Ohio   
(City, town, or county) (State or foreign country)

14. Maiden name  Mary Blessing

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

16. (a) Informant  C.E. Williams

(b) Address  Lake Springs Mo

17. (a)  Burial  (b) Date thereof  Aug 6, 1941   
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Lake Springs Mo

18. (a) Signature of funeral director  Hule & Son

(b) Address  Rolla Mo

19. (a)  Aug 6, 1941  (b)  Joe F. Ceylan   
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State  Mo.  (b) County  Phelps   
(c) City or town  Rural   
(If outside city or town limits, write "RURAL")  
(d) Street No.  Johnson St on State Route 0   
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month  Aug  day  5   
year  1941  hour  6:30 am  minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  Aug 3   
1941, to  Aug 5  1941;  
that I last saw him alive on  Aug 5  1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  Ruptured Gall Bladder   
Duration \_\_\_\_\_

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

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature  Arthur H. Tolson  (M. D. or other)  M.D.

Address  Rolla, Missouri  Date signed  8-5-41

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed S. J. Mues

Licensed Embalmer No. 3297

P. O. Address Rolla 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, above space should be left blank.**