

FILLED NOV 27 1941

Registration District No. 678

Primary Registration District No. 4404

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St James Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town St James
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Geo. E. Williams

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oma Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 19- 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Phelps co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER 11. Industry or business

{ 12. Name Joseph Williams
13. Birthplace St Louis MO
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Snapp
15. Birthplace So. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Williams

(b) Address St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-41
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic cem

18. (a) Signature of funeral director W. H. Beckler

(b) Address St James Mo

19. (a) 11-21-41 (b) Elaie B. House
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 1941 hour 9:15 minute 0 M.

21. I, hereby certify that I attended the deceased from Oct 29, 1941, to Nov 6, 1941;
that I last saw him alive on Nov 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 8 days

Due to _____

Due to _____

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

Major findings: 83a
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 W. H. Beckler (M. D. or other) D
Address St James Mo Date signed 11/9/41

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

NOV 25 1941

JAN 16 1942

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.....

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

Signed *Orville E. Walker*

Licensed Embalmer No. *3544*

P. O. Address *St James*

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.