

JAN 13 1941

Registration District No. 49

Primary Registration District No. 5073

Registrar's No. 18

1. PLACE OF DEATH:

(a) County BATES.
(b) City or town Rural, West Point Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in Hospital. At Roy Bartles Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply
(Specify whether
In this community 45 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Bates. 7
(c) City or town Rural, West Boone Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 Miles North Merwin Mo. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME GEORGE THOMAS WILLIAMS.

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

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

6. (b) Name of husband or wife Sarah Ann Williams. 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 4th. 1869.
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 10 If less than one day
hr. _____ min. _____

9. Birthplace near, Cole Camp Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business General Farming.

MOTHER FATHER { 12. Name Washington Williams
13. Birthplace Not Known.
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Berry.
15. Birthplace Not Known.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address Merwin, Missouri.

17. (a) Burial. (b) Date thereof 12/16/41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director W. H. Schuber
(b) Address Merwin, Mo.

19. (a) 12/16/41. (b) Merwin, Missouri
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1941 hour 3:00 minute 45 AM.

21. I hereby certify that I attended the deceased from December 14, 1941 19____;
that I last saw him alive on Dec. 14, 1941 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Duodenum

Duration 3 Months

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 2

23. Signature W. H. Schuber (M.D. or other) DD.
Address Amoret, Missouri Date signed 12-14-41

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

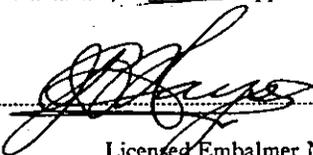
District Health Officer No. 7,

District File Number 12-41-2155

Date Filed 1-9-42

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.....

Signed.....


Licensed Embalmer No. 1950

P. O. Address Drexel, 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.