

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

81
20
22

1. PLACE OF DEATH: Phelps
 (a) County, Phelps
 (b) City or town, Rolla
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years
 In this community 2 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Phelps
 (c) City or town, Rolla
 (d) Street No.
 (e) Citizen of foreign country? no
 If yes, name country X

3. (a) PRINT FULL NAME, Richard S. Williams
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July, day 31
 year 1942 hour 5 P.M. minute M.

4. Sex M Color W
 5. Color or race, W
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife.
 6. (c) Age of husband or wife if alive, years

21. I hereby certify that I attended the deceased from 5, 19 to 5, 19
 that I last saw him alive on July 31, 1942
 and that death occurred on the date and hour stated above.

7. Birth date of deceased, January 27, 1893
 (Month) (Day) (Year)
 8. AGE: Years 49 Months 6 Days 4
 If less than one day hr. min.

Immediate cause of death, Coronary Thrombosis
 Due to

9. Birthplace, Leesville, Mo
 (City, town or county) (State or foreign country)
 10. Usual occupation, Farmer

Due to, Heart condition aggravated by Excessive Summer heat
 Other conditions, (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business
 12. Name, Asa Williams
 13. Birthplace, Middletown, Mo
 14. Maiden name, Sarah
 15. Birthplace, Leesville, Va

PHYSICIAN
 Major findings: Of operations, 94a
 Of autopsy

16. (a) Informant, Mrs. Katie Keating
 (b) Address, 9568 Emerson - Oxford, Mo
 17. (a) Burial, cremation, or removal, Burial
 (b) Date thereof, Aug 3, 1942
 (c) Place: burial or cremation, Rolla, Mo
 18. (a) Signature of funeral director, R. S. Null
 (b) Address, Rolla, Mo
 19. (a) Date received local registrar, 8-1-42
 (b) Registrar's signature, R. S. Null

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)
 (e) Means of injury, 5 Phelps
 Signature, R. S. Null
 Address, 309 Cedar
 Date signed, Aug 1-42

31-1942

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

Signed S. L. [Signature]
Licensed Embalmer No. 3394
P. O. Address Roller, 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, fact should be so stated above.