

FILED AUG 17 1942

Registration District No. **236**

Primary Registration District No. **6151**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Shannon**

(b) City or town **Terre Haute Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether)

In this community **35 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon**

(c) City or town **Terre Haute Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural.** (If rural, give location)

(e) Citizen of foreign country?  (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Walter M Williams**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Male**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alpha Williams**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **May 15 1907**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>34</b>	<b>9</b>	<b>14</b>	<b>4</b> hr. <b>0</b> min.

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

10. Usual occupation **Farming**

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

12. Name **Chas. J. Williams**

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

14. Maiden name **Mary E. McLellan**

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

16. (a) Informant **Robert Williams**

(b) Address **Terre Haute Mo.**

17. (a) **Burial** - (b) Date the body was buried, cremated, or removed **April 28 - 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilgrimage Rest**

18. (a) Signature of funeral director **John F. Stroman**

(b) Address **17th Ave. Terre Haute Mo.**

19. (a) **4-29-42** (b) **Frank H. Hyde Mo.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26** year **1942** hour **1** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **3-1-1942** to **4-26-1942**

that I last saw **in bed** alive on **4-26-1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza, Infectious**

Due to **Pulmonary T.B.**

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

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

Major findings: Of operations **136**

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

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 **C. H. Terrill** (M. D. or other)

Address **W. View Mo.** Date signed **4/28/42**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

101  
00

RECEIVED

District Health Officer NA

District File Number 7423-51-

Date Filed 8-11-42

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

*Joe R. Amear*

Registered Apprentice No. 301

working under my personal supervision.

Signed

*John F. Amear*

Licensed Embalmer No. 2516

P. O. Address Manhattan, N.Y.

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.