

3. No. 2
4-13-40
5-17-39
PI X23159

Registration District No. 224

Primary Registration District No. 2046

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(c) Name of hospital or institution: Latham Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Robert 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 Allie 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 14 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 2 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Williams
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nan Rea
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gail Williams
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 11-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 11-17-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon "Rural"
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1942 hour 6 minute 21 A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1942, to Nov 16, 1942
that I last saw him alive on Nov 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of gastric ulcer and generalized peritonitis
Due to _____

Due to _____

Other conditions 1170
(Include pregnancy within 3 months of death)

Major findings: Perforation of gastric ulcer
Of operations _____
autopsy _____

Duration

1 day

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Kenyon Latham (M.D. or other) _____
Address California, Mo Date signed 11-17-42

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

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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.....

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.