

MILED JAN 11 1942
Registration District No. 218

Primary Registration District No. 3017

1. PLACE OF DEATH:
(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 1/2 HOURS**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **JASTEEN A. WILLIAMS**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **SINGLE** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MARCH 19 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 15 hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIGHT WATCHMAN**

11. Industry or business **LIONBERGER WRECKING CO.**

12. Name **JOHN WILLIAMS**

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

14. Maiden name **ELIZABETH SPANGLER TAINSEL**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **WILLIAM WILLIAMS**

(b) Address **SPEED, MO**

17. (a) **BURIAL** (b) Date thereof **12/7/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **Dec 7-42** (b) **D. C. Has. Swap**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **45**
(a) State **MISSOURI** (b) County **HOWARD** **3**
(c) City or town **FRANKLIN** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **4th**
year **1942** hour **11:15** minute _____ P.M.

21. I hereby certify that I attended the deceased from **12-4-1942** to **12-4-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Compound fractures both leg - skull fracture** Duration **4 hrs.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1700 21**

Major findings: Of operations **none**

Of autopsy **none**

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) **accident**

(b) Date of occurrence **Dec 4, 1942 045**

(c) Where did injury occur? **Howard Co. Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway # 40

While at work? **yes** (Specify type of place) (e) Means of injury **struck by motor car**

23. Signature **T. Beckett** (M. D. or other) **not**

Address **Boonville, mo** Date signed **12-7-42**

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

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-43

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, Mo.

of #

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.