No. 2
-5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10308

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 41

(c) City or town Gilman City R 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME R. W. Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced ~~Song~~ 1

6. (b) Name of husband or wife Ida Williams

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 18 (Day) 1899 (Year)

8. AGE: Years 43 Months 7 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Harrison Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation .....

11. Industry or business Farming

FATHER
12. Name T. J. Williams
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Murriel Cutshall
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ida Williams

(b) Address Gilman City Mo R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Coffey, Mo.

18. (a) Signature of funeral director G S Bromer

(b) Address Pattonsburg Mo

19. (a) Mch 3 '43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from Feb 25 11:00 PM 1943 to Feb 26 1943 that I last saw him alive on Feb 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Complications of abdominal surgery by D. G. Reid, D.O.

Due to Ask Reid, I dont know what he did or did not due

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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 R. R. Lydda (M. D. or other)

Address Bethany, Mo. Date signed .....

303

(Licensed Embalmer's Statement on Reverse Side)

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. G S Gromer

Licensed Embalmer No. 2837

P. O. Address. Patonsburg mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10308

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 24

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 da. (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison
(c) City or town Gilman City - R 1. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rolla W. Williams
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July 18 1899 (Month) (Day) (Year)
8. AGE: Years 43 Months 7 Days If less than one day hr. min.
9. Birthplace Harrison Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name W. J. Williams
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Murriel Cutshall
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Ida Williams
(b) Address Gilman City, Mo - R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Coffey, Mo.
18. (a) Signature of funeral director E. R. Grimes
(b) Address Pattonsburg Mo.
19. (a) 3-3-43 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Feb 26 1943 that I last saw him alive on Feb. 26 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complications of abdominal surgery	1
Peritonitis	1 week
Due to Ruptured peptic ulcer	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations Ruptured peptic ulcer
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. R. Lydda (M. D. ~~or other~~)
Address Bethany, Mo Date signed 5-1-43

S. No. 2B
M—8-21-41
P I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10308

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 24

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 da (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison
(c) City or town Gilman City R-1
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME R. W. Williams
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 18 (Day) 1899 (Year)

8. AGE: Years 43 Months 7 Days If less than one day hr. min.

9. Birthplace Harrison Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name F. J. Williams
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Murriel Cutshall
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Ida Williams
(b) Address Gilman City, Mo. R1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Coffey, Mo.
18. (a) Signature of funeral director G. S. Gramer
(b) Address Pattonsburg, Mo.
19. (a) 3-3-43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Complications of Abdominal Surgery

Due to Peritonitis General

Due to Perforated Gastric ulcer

Other conditions (Include pregnancy within 3 months of death) 1701

Major findings: Of operations Ulcer 1/2 in diameter ruptured on posterior wall

Of autopsy of stomach

Duration

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 D. G. Reid (M. D. or other) D.O.
Address Bethany Mo. Date signed