

**FILED JUN 14 1943**

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 4004

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Bolckow  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Thomas Williams

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Martha Ellen Williams 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased 11 - 21 - 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wm. Known Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER { 12. Name FRANK WILLIAMS  
13. Birthplace Wm. Known Ill (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Schmitt  
15. Birthplace Wm. Known Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha E. Williams

(b) Address Bolckow

17. (a) B (b) Date thereof 5-9-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolckow Mo

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) 5/8/1943 (b) H. F. Fitchman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Bolckow (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 5 day 6  
year 1943 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from January 1st  
1943 to May 6 1943  
that I last saw him alive on May 3rd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

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

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

Other conditions General debility  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 Arthur H. Kelly D. (M. D. or other) \_\_\_\_\_  
Address Savannah Mo Date signed May 7-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**