No. 2.
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 19[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32346

Registration District No. 293 — Primary Registration District No. 6004 — Registrar's No.

1. PLACE OF DEATH:
(a) County RALLS Sountain Twp
(b) City or town RURAL ~~Home~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEW-LO-N-DON, IMO R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County RALLS
(c) City or town RURAL.
(If outside city or town limits, write "RURAL")
(d) Street No. NEW LONDON-MO.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 8 1

3. (a) PRINT FULL NAME HATTON-WILLIAMS.
3. (b) If veteran, name war .....
3. (c) Social Security No. NONE.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FLORA-WILLIAMS.
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased AUG- 26 - 1884
(Month) (Day) (Year)

8. AGE: Years 58 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace MONROE CO MO.
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER.
11. Industry or business FARM.
MOTHER FATHER
12. Name MARTIN-WILLIAMS.
13. Birthplace MONROE CO MO.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name JENNIE BOODWIN
15. Birthplace AUDRAIN CO MO.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Flora Williams
(b) Address New London, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-8-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Grand View.
18. (a) Signature of funeral director Clyde Williams
(b) Address Perry Mo.
19. (a) 7-8-43 (Date received local registrar) (b) R E Bushong (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1943 hour ..... minute ..... M.
21. I hereby certify that I ~~attended the deceased from~~ viewed the dead body ~~10~~ July 6 1943; that I last saw h..... alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coroners Inquest	
~~Due to:~~ Body found ~~dead~~ in Small Lot near house	
~~Due to:~~ No inquest by Jury necessary.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations c
Of autopsy c

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature H E Caldwell Coroner (M. D. or other)
Address New London Mo Date signed 7/7/43

1171

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-43-1585
Date Filed SEP 16 1943

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

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.