

FILED NOV 15 1943
Registration District No. **2796**

Primary Registration District No. **52-40-5351**

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

1. PLACE OF DEATH:

(a) County **Dallas**
(b) City or town **Beet**
(c) Name of hospital or institution: **1 Madison Zung**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dallas**
(c) City or town **Beet**
(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 _____

3. (a) PRINT FULL NAME **WILLIAM L 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 **Thomas** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Mar - 4 - 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 11 hr. min.

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

10. Usual occupation **County Judge**

11. Industry or business _____

12. Name **W. L. Williams**

13. Birthplace **Dallas Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **May E. Young**

15. Birthplace **Dallas Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **S. T. Williams**

(b) Address **Buffalo Mo**

17. (a) **Burial** (b) Date thereof **July - 18 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **First Chapel**

18. (a) Signature of funeral director **T. B. Jones**

(b) Address **Buffalo Mo**

19. (a) **10/2/43** (b) **Helen Davis**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15** year **1943** hour **5** minute **15** AM

21. I hereby certify that I attended the deceased from **July 15 1943** to **July 15 1943**; that I last saw him alive on **July 15 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Crown Thrombosis**
Due to _____

Other conditions (Includes pregnancy within 3 months of death) **9-4a**

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 _____
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 **S. T. Williams** (M. D. or other) **M.D.**
Address **Buffalo Mo** Date signed **7-28-43**

Duration **2 hrs**
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7
9-43-1054
10-26-43

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 Clyde Montejmay
Licensed Embalmer No. 3592
P. O. Address Buffalo 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.