

Fill DEC 11 1943  
Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia  
(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 1 (Specify whether)

In this community All of life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Rural 21  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Eugene 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 22 1924  
(Month) (Day) (Year)

8. AGE: Years 19 Months 5 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Truck Driver

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

12. Name Vern J. Williams

13. Birthplace Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Flossie Wright

15. Birthplace Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Vern J. Williams

(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof 11/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Prairie Hill Cem.

18. (a) Signature of funeral director Geo. B. Winkelmeyer

(b) Address Salisbury, Mo.

19. (a) 11-8-1943 (b) Geo. S. Wright  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd  
year 1943 hour 10 minute 45 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 \_\_\_\_\_

Accidental

Due to Truck collision with tree

Due to by side of Highway (20)

Other conditions (Include pregnancy, within 3 months of death) \_\_\_\_\_

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

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 010

(b) Date of occurrence 11-3-43

(c) Where did injury occur? CENTRALIA-BOONE Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Highway 22

While at work? yes (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Thain McEwen 3 coroner  
(M-D or other)

Address Columbia Masonic Date signed 11-5/43

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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: Chas. B. Winkelmeier  
Licensed Embalmer No. 3842  
P. O. Address Salisbury, 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.**