

X32873

FILED JAN 14 1944

Registration District No. 3028

Primary Registration District No. 3028

Registrar's No. 232

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hours
(Specify whether
 In this community 1 month, 28 days
years, months or days)

3. (a) PRINT FULL NAME Kent Berry Williams

3. (b) If veteran, name war No 3. (c) Social Security No. None

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 October 20 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER } 12. Name C. B. Williams

13. Birthplace Sodus New York
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Jewell

15. Birthplace Rose New York
(City, town, or county) (State or foreign country)

16. (a) Informant Lt. E. B. Williams

(b) Address 1712 Hillcrest, Carthage, Mo.

17. (a) Removal (b) Date thereof Dec. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lyons, New York

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 20 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 1712 Hillcrest
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
 year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 20, 1943 to Dec 18, 1943; that I last saw him alive on Dec. 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart anomaly Duration 2 mos.

Due to _____

Due to _____

Other conditions 1572
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
 Address Carthage Date signed 12-20-43

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

43-12-1038

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.....

Emm. R. Stuel

Licensed Embalmer No.....

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P. O. Address.....

Carthage

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.