

FILED JAN 25 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2942

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

16

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 802 W. Walnut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert F. Williams Jr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XY years
7. Birth date of deceased May 9 1916
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Robert F. Williams
13. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edna Buckner
15. Birthplace Niangua Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert F. Williams Sr.

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-8-44 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 902 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 6, 1944
1925, 1944 to 1944, 1944
that I last saw him alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Primary Duration 2 week
Type undetermined

Due to.....
Due to.....

Other conditions Bird injury life
(Include pregnancy within 3 months of death)

Major findings: None 10911
Of operations None
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).....
(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 C

23. Signature John Williams Jr. (M. D. or other)
Address 1320 Rowan, Springfield, Mo. Date signed 1/8/44

984

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

L. Paulin Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.