

FILED FEB 10 1944

State File No.

Registration District No. 197

Primary Registration District No. 4218

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Windsor Clinic
(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)

3. (a) PRINT FULL NAME

Arthur C. Williams Jr

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. ✓

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

7. Birth date of deceased: Oct 13 43
(Month) (Day) (Year)

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

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

10. Usual occupation Child

11. Industry or business

12. Name Arthur C. Williams
 13. Birthplace Windsor, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Evelyn Anderson
 15. Birthplace Roxanna, Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur C. Williams

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 10-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
 (b) Address Windsor, Missouri

19. (a) Jan. 12, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Windsor
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
 year 43 hour 12:10 PM minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on Oct 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Promotion Build of baby weight 116 303
 Duration

Due to.....

Due to.....

Other conditions (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 George Williams D. or other.....

Address Windsor Mo Date signed 1/12/43

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

1069

RECEIVED

District Health Officer No. 71

District No. 44-138

Date filed 2-9-44

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

E. J. Hester

Licensed Embalmer No. 3391

P. O. Address

Winston 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.