

FILED FEB 8 1944

Registration District No. 192

Primary Registration District No. 5556 7231

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 36 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Thomas W. Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or Face W

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Elmira Williams

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. 17th 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name James H. Williams

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

14. Maiden name Caroline Hatcher

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

16. (a) Informant Elmira Williams

(b) Address Mountain View, Mo

17. (a) Burial (b) Date thereof Jan 5 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gill Cemetery

18. (a) Signature of funeral director John S. Amman

(b) Address Mountain View, Mo

19. (a) 1/13/44 (b) Reith Heest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1944 hour 10 minute 50 p. m.

21. I hereby certify that I attended the deceased from Jan 1 -
1944 to Jan 7 - 1944
that I last saw him alive on Jan 6 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pleura Pneumonia

Due to Edecolit

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

Major findings:
Of operations _____
Of autopsy _____

Duration

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 D W Dickerson (M. D. or other) _____

Address MT View, Mo Date signed Jan 5 1944

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

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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 John J. Armean
Licensed Embalmer No. 2516
P. O. Address Montevideo 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.