

FILED APR 8 1944

Registration District No. 17

Primary Registration District No. 3008

Registrar's No. 114

1. PLACE OF DEATH:

(a) County CALLAWAY
 (b) City or town FULTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
CALLAWAY COUNTY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 DAYS
 (Specify whether years, months or days)
 In this community 15 DAYS

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME BILLY EUGENE WILLIAMS

3. (b) If veteran, name war NO 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 19 1927
 (Month) (Day) (Year)

8. AGE: Years 16 Months 10 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation TRUCK DRIVER

11. Industry or business TRUCKING

12. Name CHAS. A. WILLIAMS

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

14. Maiden name HELEN ROLAND

15. Birthplace BEAR CREEK MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. A. Williams

(b) Address Salina, Kans.

17. (a) REMOVAL (b) Date thereof 4-1-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALINA, KANSAS

18. (a) Signature of funeral director WALLACE FUNERAL HOME

(b) Address FULTON, Mo. 100 Browning Dr.

19. (a) 4-1-1944 (b) Jorie Mowatt
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
 year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3/16 1944 to 3/31 1944
 that I last saw him alive on 3/31 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Gunshot Wounds of abdomen with perforation of ileum, mesentery
 Duration since 3/16/44

Due to _____
 Other conditions Intestinal obstruction
 (Includes pregnancy within 3 months of death) since 3/23/44

Major findings:
 Of operations 168
 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) Shot by Policeman
 (b) Date of occurrence 3/16/44
 (c) Where did injury occur? Callaway County, Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? no (Specify type of place) (e) Means of injury gunshot

23. Signature? Jerry Dineen (M. D. or other) M.D.
 Address Quetta, Mo. Date signed 4/1/44

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

2
43
39
35897

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-7-44

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..... *S. E. White*.....

Licensed Embalmer No. 4168.....

P. O. Address Fulton, 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.