

FILED JUL 10 1944

State File No.

Registration District No.

Primary Registration District No. 4110

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Salisbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community approximately whole life
years, months or days

3. (a) PRINT FULL NAME Claude 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 none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 1 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>15</u>	hr. min.

9. Birthplace unknown Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

12. Name Thomas W. Williams

13. Birthplace unknown Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Jocely A. Neil

15. Birthplace unknown Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Cruse

(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof 5-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury City Cem.

18. (a) Signature of funeral director Geo. B. Winkelmeyer

(b) Address Salisbury Mo.

19. (a) 6/1/44 (b) R. A. Kelly
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Salisbury 21
(If outside city or town limits, write "RURAL") 20
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 44 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from May 2 1944 to May 16 1944
that I last saw him alive on May 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 107 min

Due to Cerebral thrombosis

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations — 94a
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 J. L. Harmon (M. D. or other) MD

Address Salisbury Mo Date signed 6-1-44

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-8-44

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

Chas B Winkelmeier

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo.

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.