

FILED JUL 24 1944

Primary Registration District No. 3046

Registrar's No. 185

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 10 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles south California mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME NOAH BELL WILLIAMS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1944 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from May 8
1944 to May 29 1944
that I last saw him alive on May 29 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Ethel Williams 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Aug 23 1876
(Month) (Day) (Year)

Immediate cause of death
Generalized peritonitis with shock
Due to Ruptured appendix
Due to _____
Other conditions (include pregnancy within 3 months of death) 12/11

8. AGE: Years 67 Months 9 Days 7 If less than one day .hr. .min.
9. Birthplace Monroe County Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations Ruptured appendix with shock
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business Farm
12. Name James Williams
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace _____
(City, town, or county) (State or foreign country)
16. (a) Informant Ethel Williams
(b) Address California, mo
17. (a) Burial (b) Date thereof 5/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Latham Sanitarium
18. (a) Signature of funeral director J.E. Williams
(b) Address California mo
19. (a) 6-6-44 (b) A.G. Allen
(Date received local registrar) (Registrar's signature)

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 Henry Latham (M. D. or other) _____
Address California, mo Date signed 6-2-44

1312

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

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 7-21-44

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 H. E. Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California 5110

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.