

FILED AUG 29 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28118

State File No. ....

Registrar's No. 8890

Registration District No. 107

Primary Registration District No. 3032

1. PLACE OF DEATH: **Johnson**

(a) County: **Johnson**

(b) City or town: **Warrensburg**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether years, months or days)

In this community: **7 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Johnson** 5/

(c) City or town: **Warrensburg**  
(If outside city or town limits, write "RURAL")

(d) Street No. **706 N. Holden**  
(If rural, give location)

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

If yes, name country: **0**

3. (a) PRINT FULL NAME: **Fredrick S. Williams.**

3. (b) If veteran, name war: **Spanish American**

3. (c) Social Security No.: **491-05-8336.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **12** year **1944** hour **3** minute **45** P.M.

21. I hereby certify that I attended the deceased from **gan** 1944 to **Aug 12** 1944

4. Sex: **Male**

5. Color or race: **White**

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

6. (b) Name of husband or wife: **Nina Williams**

6. (c) Age of husband or wife if alive: **52** years

7. Birth date of deceased: **Nov. 13, 1873**  
(Month) (Day) (Year)

that I last saw him alive on **8-11** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of left lung**

Duration: **8 mo.**

8. AGE: Years **70** Months **8** Days **29** If less than one day .hr. min.

Due to: .....

Due to: .....

Other conditions: **47d**  
(Include pregnancy within 3 months of death)

9. Birthplace: **West Haven Conn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Gas Engineer; retired**

Major findings: Of operations: .....

Of autopsy: .....

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business: .....

12. Name: **James L. Williams.**

13. Birthplace: **unknown England.**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary Jane Lomas.**

15. Birthplace: **unknown Ohio.**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Nina Williams**

(b) Address: **Warrensburg, MO.**

17. (a) **Burial** (b) Date thereof: **Aug. 15, 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Sunset Hill Ce.**

18. (a) Signature of funeral director: **Sweeney Phillips**

(b) Address: **Warrensburg, MO.**

19. (a) **Aug 14, 1944** (b) **Leola M. Williams**  
(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? .....

(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: **0**

23. Signature: **Rheer** (M. D. or other) **MD**

Address: **Warrensburg Mo.** Date signed: **8-14-44**

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

MOTHER FATHER

1001

SEP 28 1944

AUG 29 1944

**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 R. D. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.**