

FILED DEC 9 1944

State File No. _____

Registration District No. 58

Primary Registration District No. 4091

Registrar's No. _____

1. PLACE OF DEATH

(a) County Carter
(b) City or town Fremont
(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 50 Yrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter 17
(c) City or town Fremont 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ (1)

3. (a) PRINT FULL NAME Robert M. Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Letitia 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Mar 4 1888
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 20 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Williams

13. Birthplace No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McBride
(City, town, or county) (State or foreign country)

15. Birthplace No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Letitia Williams

(b) Address Fremont, Mo.

17. (a) Burial (b) Date thereof 11-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Mountain

18. (a) Signature of funeral director Phil A. Leuckel

(b) Address an Buren Mo.

19. (a) Nov 25 1944 (b) Ms A G Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov. 24 15:A
1944 3 day 15:A
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-19 1944 to Nov 24 1944
that I last saw him alive on Nov. 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis 2 yrs
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
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 Frank Pucinski (M. D. or other) D.O.
Address an Buren Mo. Date signed 11-28-44

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

18000

AUG 19 1942

DEC 13 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 16-24-44

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.