

FILED FEB 9, 1945

Registration District No. 67

Primary Registration District No. 5247

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town rural Salisbury Twpsh.
(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 5 years 1 years, months or days)

3. (a) PRINT FULL NAME Earl B. Williams

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

4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased: November 22 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Louis Williams
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Frankie Dawson
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl B. Williams
(b) Address Salisbury Mo
17. (a) burial (b) Date thereof 1-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Valley
18. (c) Signature of funeral director Godtshelberger
(b) Address Salisbury Mo

19. (a) 1/14/45 (b) R. R. H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. East + north of Salisbury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1945 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from JAN. 15 1945 to JAN. 16 1945
that I last saw him alive on JAN. 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS 28 HRS.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 3

23. Signature A. M. Rains (M. D. or other) D.O.
Address Clyton Hill, Mo. Date signed 1-18-45

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

No. 1
District.

District File No. of _____
Date Filed 2-8-45

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 _____

not embalmed, 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.