

FILED MAR 1 1945
128

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

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

(c) Name of hospital or institution: **314 W. COMMERCIAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **18 mo.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL.")

(d) Street No. **1406 N. BROADWAY**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HOBERT WILLIAMS**

3. (b) If veteran **World War #1** name war _____

3. (c) Social Security No. **499-09-0837**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **8**
year **1945** hour **11** minute **50 a.m.**

21. I hereby certify that I attended the deceased from **Nov. 23-**
19**44** to **2/8/1945**

that I last saw him alive on **Jan 24** 19**45**
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**

6. (b) Name of husband or wife **LOGIE WELLS** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **Feb. 13 - 1897**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**
Angina pectoris

Duration _____

8. AGE: Years **47** Months **11** Days **25**
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace **STONE Co. MO.**
(City, town, or county) (State or foreign country)

Other conditions **Multiple Neuritis**
(Include pregnancy within 3 months of death)

10. Usual occupation **Helper in Furniture Factory**

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Marion Williams**

13. Birthplace **Healy Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Henry**

15. Birthplace **Healy Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Logie Williams**

(b) Address **Springfield Mo.**

17. (a) **Grave** (b) Date thereof **2-11-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grave Mo.**

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? _____

18. (a) Signature of funeral director **J. B. Bradford**

(b) Address **Marionville Mo.**

19. (a) **2-8-45** (b) **J. W. Hardley**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **C. E. Feller** (M. D. or other)
Address **Springfield Mo.** Date signed _____

RECEIVED 2 1945

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 Herman Curridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.

X