

FILED JUL 21 1945
Registration District No. 72

Primary Registration District No. 5134

Registrar's No. 758

1. PLACE OF DEATH:

(a) County Buchanan Mo
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural St. Washington Township
(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) 1.9 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2832 So 19th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Williams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased July 14, 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 19 hr. min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Arch Williams

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

14. Maiden name Severson

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

16. (a) Informant Arch Williams

(b) Address 2832 So 19th St St Joe Mo

17. (a) Burial (b) Date thereof 7-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn Mo

18. (a) Signature of funeral director Gary J. J. J. J.

(b) Address St Joseph Mo

19. (a) 7-15-45 (b) John J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 4 minute A M.

21. I hereby certify that I attended the deceased from July 14 1945 to July 14 1945; that I last saw him alive on July 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Delivery

Due to Probably carrying a heavy suit case for several blocks.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 1519

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?

(Specify type of place) While at work

Signature John J. J. J. (M. D. or other) MD

Address 1097 W W Mo. Date signed 7/17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
0
0

Was not embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.