No. 2
—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37462

FILED NOV 16 1945

Registration District No. 12 Primary Registration District No. 5446 Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Gentry - Cooper Inlet

(b) City or town N of Stanberry 1 Mile (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 (Specify whether

In this community 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

(c) City or town Stanberry MO (If outside city or town limits, write "RURAL")

(d) Street No. N. Alonthus ave. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Mr Eram Vincent Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-20-0530

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased March (Month) 4 (Day) 1928 (Year)

8. AGE: Years 17 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation Employee of Poultry Co

11. Industry or business Poultry House

FATHER
12. Name Wade Williams
13. Birthplace Gentry Co MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Barber
15. Birthplace Johnson Co MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Williams

(b) Address Stanberry MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 10/25/45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Lone Star MO

18. (a) Signature of funeral director Lotay F. Phillips

(b) Address Stanberry MO

19. (a) Nov 1-1945 (Date received local registrar) (b) Homer W. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1945 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of Skull	
Due to Dislocation of Right leg	
Due to Auto Collision	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(b) Date of occurrence Oct 23 1945

(c) Where did injury occur? (City or town) Gentry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)

While at work (e) Means of injury Cover of Gentry

23. Signature Charles N Williamson (M.D. or other) DO

Address Gentry Mo Date signed Oct 23 1945

1108

(Licensed Embalmer's Statement on Reverse Side)

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 Patrick H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry Md

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nor

Registration District No. 120 Primary Registration District No. 5446 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Concept Jump Creek
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elam W. Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 23 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to Auto rev together,
Due to External injuries Head crushed.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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) Accident
(b) Date of occurrence Oct 23 - 1945
(c) Where did injury occur? Gentry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road. (Specify type of place)
While at work? No (e) Means of injury Head Crushed
23. Signature Chas N Williamson (M.D. or other)
Address Gentry Mo Date signed 11-27-45
County Coroner.

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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