

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 173

Primary Registration District No. 3036

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Aurora Hospital
(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 Missouri (b) County Lawrence 53

(c) City or town: Aurora /
(If outside city or town limits, write "RURAL")

(d) Street No. 26 W. Church St /
(If rural, give location)

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

3. (a) PRINT FULL NAME James Richard Williams

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 20
year 1945 hour..... minute..... M.

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..... years

7. Birth date of deceased Nov 20 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20 to Nov 20 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 0 10 hr. min.

Immediate cause of death Malformation of digestive tract congenital ?

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

10. Usual occupation Infant

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 158

11. Industry or business.....

MOTHER FATHER { 12. Name E.W. Williams Jr

{ 13. Birthplace Barry County Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Jewell Johnson

{ 15. Birthplace Barry County Mo.
(City, town, or county) (State or foreign country)

Major findings of operations Bowel outside Peritoneal cavity 2x2x2 replaced at birth.

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

16. (a) Informant E.W. Williams Jr

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 11/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay Hill Cemetery

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 11-26-45 (b) Orsa Mae Nath
(Date received local registrar) (Registrar's signature)

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 R. Rowan (M. D. or other) MD

Address Aurora, Mo. Date signed 1

1460

RECEIVED

District Health Officer No. 6;

District File Number 1248-1179

Date Filed 12-18-48

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 Surridge

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.