

Registration District No. **43**

Primary Registration District No. **5141**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Quin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Route # 2 Gillis BLUFF**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)
In this community **1 year**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Quin, Rt. #2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

George W. Williams

3. (b) If veteran, name war

3. (c) Social Security No. **495-14-3400**

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife **Lena Oma Williams**

6. (c) Age of husband or wife if alive **19** years

7. Birth date of deceased **June 19 1844**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **8**
If less than one day hr. min.

9. Birthplace **Wayne Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **William T. Williams**

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

14. Maiden name **Henrietta Hale**

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

16. (a) Informant **Mrs. G. W. Williams**

(b) Address **Quin, Mo.**

17. (a) **Burial** (b) Date thereof **7/31/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden, Mo.**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo.**

19. (a) **8-1-46** (b) **Ed Muller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1946** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Hypertension**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

Duration

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) _____

(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 **George W. Williams** (b) **Ed Muller**
Address **Poplar Bluff, Mo.** Date signed **7/30/46**

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

RECEIVED

District Health Office No. 2,

District File Number 846-946

Date Filed 8-6-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.