

Registration District No. 137

Primary Registration District No. 5503

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R # 3 Bethlehem Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry #2
(c) City or town near Coal mo
(If outside city or town limits, write "RURAL")
(d) Street No. Bethlehem Twp Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS. M WILLIAMS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Alice Williams 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov 25 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 0 23 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Dimpsey H. Williams

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

14. Maiden name Orny Hardin

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

16. (a) Informant Roy Hunter

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 12-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope Cem

18. (a) Signature of funeral director Carroll + Beck

(b) Address Clinton mo

19. (a) 12-23-46 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1946 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from 10-11 - 1946 to 12-21, 19 46
that I last saw him alive on 12-21, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Ext Thrombosis Duration 30 da
lt heart 10 da
Thrombosis of leg 15 da
Ext Thrombosis of heart
Severe Strain Lumbo Sacra 8 weeks

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)

(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, or public place?
Working at Saw Mill
(Specify type of place)

While at work (Specify type of place) Means of injury

23. Signature E. C. Peeler M.D. (M.D. or other)

Address Clinton Mo Date signed 12/23/46

97-15-21
E810-97-11

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 R. R. Hervey
Licensed Embalmer No. 3899
P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.