

Registration District No. **291**

Primary Registration District No. **5997**

Registrar's No. **91**

**1. PLACE OF DEATH:**

(a) County **Putnam**  
(b) City or town **Lemons**  
(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 **Life**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Putnam**  
(c) City or town **Lemons, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

3. (a) PRINT FULL NAME **Artie H. Williams**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Connie** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Jan. 30 1876**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **29** If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Robert W Williams**

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

14. Maiden name **Anna Klotz**

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

16. (a) Informant **Connie Williams**

(b) Address **Lemons Mo**

17. (a) **B** (b) Date thereof **11-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cem.**

18. (a) Signature of funeral director **Husted & Son**

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

19. (a) **12-17-46** (b) **Marvell Durbin**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov 28** day \_\_\_\_\_  
year **1946** hour **9:30** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **April 1945** to **Nov 28 1946**  
that I last saw him alive on **Nov 28 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** Duration **1 year**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 6 months of death)  
**Myocardial infarction**

Major findings: **Cerebral hemorrhage in 1941** PHYSICIAN  
Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

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 **2**

23. Signature **Chas L. Judd** (M, D, or other)

Address **Unionville, Mo.** Date signed **11-29-46**

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

40430

266

710

RECEIVED  
OFFICE OF THE STATE HEALTH OFFICER No. 12-46-2  
DEC. 26 1946

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.....

*Kenneth Slavens*

Registered Apprentice No. *418*

working under my personal supervision.

Signed *F. O. Husted*

Licensed Embalmer No. *2975*

P. O. Address *Unionville, N.C.*

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.