

No. 2
M-5-43
5-17-39
X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4644

FILED FEB 28 1947

State File No.

Registration District No.

Primary Registration District No. 4218

Registrar's No. 28

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

12
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1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor

(c) Name of hospital or institution: Community Hospital

(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution. 2 months

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. R 1, Leeton, Mo.

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Teddy Lee Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1947 hour 10:30 a M 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 November 19 1946

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 19 1946 to Feb 16 1947.

that I last saw him alive on Feb 16 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Pulm. Pneumonia

Duration 5 days

9. Birthplace Henry County Missouri

(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation XXXXXXXXXXXXXXX

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Williams

{ 13. Birthplace Windsor Missouri

{ 14. Maiden name Mary Anderson

{ 15. Birthplace Roxanna Illinois

(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Arthur Williams

(b) Address R 1, Leeton, Mo

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? _____

17. (a) Burial (b) Date thereof 2-17-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

23. Signature Scott Anderson (M. D. or other) _____

Address Windsor, Missouri Date signed 2-17-47

18. (a) Signature of funeral director Huston Durbin

(b) Address Windsor Mo

19. (a) 2-20-1947 (b) R. H. Kenney

(Date received local registrar) (Registrar's signature)

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Case
M-1-1

STATEMENT BY LICENSED EMBALMER

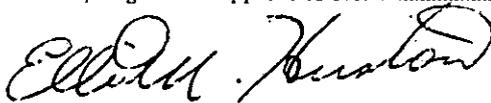
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William M. Turner

Registered Apprentice No. **470**

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3391**

P. O. Address **Windsor, Missouri**

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.