

FILED JUL 3 1947

Registration District No.

Primary Registration District No. 3026

Registrar's No. 189

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Independence Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **1 week**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Indiana** (b) County **9/19**
(c) City or town **W. Terre Haute**
(If outside city or town limits, write "RURAL") **12**
(d) Street No. **819 S. 9th**
(If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No) **2**
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM L. WILLIAMS**

3. (b) If veteran, name war 3. (c) Social Security No. **307-03-8958**

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs. Ruth Williams** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **October 15, 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **27** If less than one day **hr. min.**

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

10. Usual occupation **Retired coal miner**

11. Industry or business

12. Name **James E. Williams**

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

14. Maiden name **Mary Richards**

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

16. (a) Informant **W. R. Williams**

(b) Address **Detroit, Mich.**

17. (a) **removal** (b) Date thereof **6/12/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Terre Haute, Ind.**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**

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

19. (a) **6/28/47** (b) **James E. Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1947** hour **7:45** minute **A** M.

21. I hereby certify that I attended the deceased from **June 9**
19**47** to **June 12** 19**47**
that I last saw him alive on **June 12** 19**47**
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **Cerebral hemorrhage**
Left Hemiplegia

Due to **Hypertensive Cardiovascular disease?**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (Specify type of work) (e) Means of injury

23. Signature **Chas. Nelson J. M.D.** (M. D. or other) **13/14**
Address **Independence Mo** Date signed **6-13-47**

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

MOTHER FATHER

JUL 7 1947

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. A. Lisle

Licensed Embalmer No.....

4123

P. O. Address.....

Independence, 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.