No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21764

Registration District No. 106 244 Primary Registration District No. 2005 835 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Shoal Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arizona (b) County 999
(c) City or town Phoenix 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Jerry Dean Williams
3. (b) If veteran, name war * * *
3. (c) Social Security No. * * *
4. Sex Male 0
5. Color or race W
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 December 17, 1941 (Month) (Day) (Year)

8. AGE: Years 5 Months 5 Days 3 If less than one day hr. min.
9. Birthplace Hockerville (City, town, or county) Oklahoma (State or foreign country) 1
10. Usual occupation
11. Industry or business
FATHER
12. Name Eugene Williams 0
13. Birthplace Purdy, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Velma White
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Eugene Williams
(b) Address Phoenix, Arizona
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Picher, Oklahoma
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Missouri
19. (a) 5-24-47 (Date received local registrar) (b) Dolores Lamplins (Registrar's signature) 222

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20, day 1947
year about hour 1:45 minute P M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him ~~alive~~ dead on May 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death when house was destroyed by fire
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1 80
Of autopsy 15

Duration

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) accident 13
(b) Date of occurrence May 20, 1947
(c) Where did injury occur? Near Joplin (City or town) Newton (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Burned
23. Signature Corley Thompson (M.D. or other) 3
Address Neosho Mo Date signed 5/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-514

JUL 1 1 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 Perry K. Hurlbert

Licensed Embalmer No. 95-9

P. O. Address Joplin 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.

No. 2B
M-3-45
P X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21764

Registration District No. 244 Primary Registration District No. 5835 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Shoal Creek Twp
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Arizona (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jerry Dean Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 17 1944
(Month) (Day) (Year)

8. AGE: Years 5 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Eugene Williams
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Helma White
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Eugene Williams
(b) Address Phoenix, Arizona

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Pecher, Okla

18. (a) Signature of funeral director Herbert Mortuary
(b) Address Joplin Mo

19. (a) 5-24-47 (Date received local registrar) (b) Mrs. Allie Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 20 year 1947 Hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death when house was destroyed by fire

Due to

Due to

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) accident

(b) Date of occurrence 5-20-47

(c) Where did injury occur? Near Joplin (City or town) Newton (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Burns

23. Signature Carley Thompson (M. D. or other)

Address Neosho Mo Date signed

SUPPLEMENTARY

9/10-47

S-21764