

FILED JAN 19 1948

Registration District No. 273

Primary Registration District No. 4544

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Nianqua
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster/112

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Lotha A. Williams, Sr.

3. (b) If veteran, name war X

3. (c) Social Security No. 495-05-0048

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1948 hour 9 minute 10 A.M.

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

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Stella Williams 6. (c) Age of husband or wife if
alive 54 years

7. Birth date of deceased November - 15 - 1892
(Month) (Day) (Year)

Immediate cause of death Gun-shot wound in chest
Due to accidental

Duration _____

8. AGE: Years 55 Months 1 Days 21
If less than one day X hr. X min.

Due to _____

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

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

Due to _____

Major findings:
Of operations _____

10. Usual occupation Drug salesman

Of autopsy X

11. Industry or business Traveling

12. Name J. R. Williams

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

14. Maiden name Clara Day

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

16. (a) Informant Mrs. Stella Williams

(b) Address Nianqua, Missouri

17. (a) Burial (b) Date thereof 1-8-'48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nianqua cemetery

18. (a) Signature of funeral director Marshall

(b) Address Marshall, Missouri

19. (a) 1-9-48 (b) _____
(Date received local registrar) (Signature)

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 112

(b) Date of occurrence Jan. 6, 1948

(c) Where did injury occur? Nianqua Webster Mo
(City/Town) (County) (State)

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

While at work? _____ (e) Means of injury _____

23. Signature H. K. Helley Coroner (M. D. or other) _____

Address Fordland mo Date signed 1-9-48

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

12

00

4-11-48
G.W.

RECEIVED

District Health Officer No. 6,

District File Number 148-41

Date Filed JAN 12 1948

JAN 19 1948

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 Alex J. Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.)

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