S. 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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5283

Registration District No. FILED FEB 19 1948

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1914 Kentucky Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community: Several years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Seneca 4 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EUGENE NORVAL WILLIAMS
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lena
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 27th (Day) 1884 (Year)

8. AGE: Years 63 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace: Richland, Texas (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Grocer
11. Industry or business:
FATHER 12. Name: Eliza Williams
13. Birthplace: Texas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Kizzie Hilburn
15. Birthplace: Texas (City, town, or county) (State or foreign country)
16. (a) Informant: Floyd Williams
(b) Address: 1914 Kentucky Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bailey, Oklahoma
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 1-29-48 (Date received local registrar) (b) Dolores Lamphins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-28, 1948, to 1-28, 1948 that I last saw him alive on 1-28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	5 hours
Due to:	
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? (e) Means of injury

23. Signature: [illegible] (M. D. or D. O.)
Address: [illegible] Date signed: 1-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-121

MAR 2 1984

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 F. M. Jones

Licensed Embalmer No. 2319

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.