FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23323

Registration District No. 156 Primary Registration District No. 2 Registrar's No.

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

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: Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 month (Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 3117 Joplin St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Owen Williams

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased November (Month) 15th. (Day) 1880 (Year)

8. AGE: Years 67 Months 7 Days 5 If less than one day hr. min.

9. Birthplace LaBette County (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Moulder
11. Industry or business

FATHER
12. Name James B. Williams
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Nancy Ferris
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Lottie Williams
(b) Address 3117 Joplin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 24 -1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery, Granby, Mo
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 7-22-48 (Date received local registrar) (b) Dolores Lamphins Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 21 year 1948 hour 10 minute 18 A.M.

21. I hereby certify that I attended the deceased from 2-4-, 1948 to 7-21-, 1948 that I last saw him alive on 7-21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	5 mos
hemiplegia - right	
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)
(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 Ed D Jones (M. D. or other)
Address Joplin, Mo Date signed 7-22-48

(Licensed Embalmer's Statement on Reverse Side)

48-8-630

AUG 11 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 Earl a. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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