REC'D AUG 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24929
Do not use this space.

1. PLACE OF DEATH

(a) County Barry — Registration District No. 29

(b) Township Crane Creek — Primary Registration District No. 5046 — Registered No. 25

(c) or City ~~Crane~~ — (d) Street No. R.F.D. # 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Oren Drexel Williams

(a) Residence, No. Crane Mo. R.F.D. # 1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	18	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as saw mill, bank, etc. from Birth

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri.

FATHER

13. NAME Cecil Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri.

MOTHER

15. MAIDEN NAME Flossie Short

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri.

17. INFORMANT (ADDRESS) Mr Cecil Williams Crane Mo. R.F.D. # 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE July 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King Aurora Mo.

20. FILED 7-25, 1939 Geo. W. Newman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1939, to July 2, 1939
I last saw him alive on May 16, 1939. Death is said to have occurred on the date stated above, at 6.30 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: not known

92 d

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. Will Smith, M. D.
(Address) 121 W. Pleasant Aurora Mo

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED.
District Health Officer No. 6,
District File Number 839-1722
Date Filed AUG 17 1939

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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora Mo.

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

If this body is not embalmed, above space should be left blank.