

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

36075
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 763
 (c) City SPRINGFIELD (d) Street No. 421 E. PACIFIC 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. (0) / How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: CARL FREDRICK WILLIAMS
 (a) Residence, No. 421 E. PACIFIC St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13-1890

7. AGE YEARS 1 49 MONTHS 0 DAYS 04 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Western Auto Co.
 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) Ark.

FATHER 13. NAME Charles J. Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER 15. MAIDEN NAME Johnnie C. Roberts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Jane Williams
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Oct. 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Suggert
Springfield, Mo.

20. FILED Oct. 18, 1939 Chas. A. George
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1939 to Oct. 17th 1939
 I last saw him alive on Oct 17 1939 Death is said to have occurred on the date stated above, at 4:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
 Date of onset _____

Other contributory causes of importance: 1072

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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) Malcolm Klingner, M.D.
 (Address) Springfield, Mo.

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.

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

William Max Rhodus

Licensed Embalmer No.

4071

P. O. Address

Springfield

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, above space should be left blank.

X