DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31239

OCT 23 1940

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 215

1. PLACE OF DEATH:

(a) County Adair County

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

(c) Name of hospital or institution:
Grim-Smith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 908 S. 6th. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME George David Williams

3. (b) If veteran, name war ____

3. (c) Social Security No. 304-09-0894

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Roda Williams

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Jan (Month) 24 (Day) 1917 (Year)

8. AGE: Years 23 | Months 7 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Gifford, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business ____

FATHER
12. Name Glen Williams
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sylvia Simmons
15. Birthplace Adair County (City, town, or county) (State or foreign country)

16. (a) Informant Roda Williams
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

19. (a) Sept. 27/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11th year 1940 hour 1 ~~P.M.~~ minute 57 P.M.

21. I hereby certify that I attended the deceased from on Sept 11, 1940, to ____, 19____; that I last saw him alive on Sept. 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Shock & Brain injury	few hrs
Due to blow in face from rim of inflated tire which fractured upper	
Due to jaw & skull	8:30 A.M.
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) Accident

(b) Date of occurrence 9-11-40

(c) Where did injury occur? (City or town) Adair (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) Rock Quarry near Kirksville, Mo.

While at work? Yes (e) Means of injury Disembowelment Rim from truck tire blew off during inflation

23. Signature George E. Grim (M. D. or other) MD

Address Kirksville, Mo Date signed 9-19-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-40-1993
Date Filed OCT 24 1940

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 Lauma A. Riley, Registered Apprentice No. ..... working under my personal supervision.

Signed Lauma A. Riley

Licensed Embalmer No. 3907

P. O. Address Kirksville

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

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