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FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32589

State File No.

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 128

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

1. PLACE OF DEATH:

(a) County Mississippi

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lyndell Eugene Williams

3. (b) If veteran, name war X X X

3. (c) Social Security No. 498-10-2882

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased: February 19 1906  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>6</u>	<u>26</u>	hr. min.

9. Birthplace Pittsfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic - Welder

11. Industry or business Western Alfalfa Mill

MOTHER FATHER

12. Name Albert A. Williams

13. Birthplace Pike County Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Lorene Thomas

15. Birthplace Pittsfield Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ely Williams

(b) Address Wyatt, Missouri

17. (a) Burial (b) Date thereof 9-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service  
Charleston, Mo.

(b) Address \_\_\_\_\_

19. (a) 9-17-40 (b) J. J. Vernon  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss.

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

(d) Street No. 15 mi N.E. of Charleston, Mo.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th.  
year 1940 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from August 1919 to \_\_\_\_\_ 1940;  
that I last saw him alive on \_\_\_\_\_ 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally killed by Exploding barrel

Due to \_\_\_\_\_

Due to 1942

Other conditions (Include pregnancy within 3 months of death) 11

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 9-15-40

(c) Where did injury occur? Industrial Place  
Lair-Nunnelee Service

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
745 Industrial Place  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: Frank J. Vernon (M.D. or other) \_\_\_\_\_  
Address Charleston, Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 1040-13

Date Recd 10/3/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**