

Registration District No. 225

Primary Registration District No. 5306

Registrar's No. 9

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town SALINE
(If outside city or town limits, give "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 LIFE years, months or days

REC'D DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cooper
(c) City or town Rural Saline
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1940 hour _____ minute 6 a M.
21. I hereby certify that I attended the deceased from June
1 1940 to 11-3 1940
that I last saw him live on 10-27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
infarction
Due to _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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 A. H. Muehlebach (M. D. or other) _____
Address Boonville, Mo Date signed 1/4/40

3. (a) PRINT FULL NAME JERRY WILLIAMS
(b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GEORGIA WILLIAMS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT. 10 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 25 hr. _____ min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name UNKNOWN
18. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant VIOLA IRENE LUCAS
(b) Address GOOCH MILL, MO.

17. (a) BURIAL (b) Date thereof NOV. 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SPLICE CREEK MISSOURI

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) 7-40 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number 12-9-40
Date Filed 12-9-40

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Brownville, Mo.

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.