

No. 2
-13-40
17-39
X23159

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

FILED DEC 13 1940

1. PLACE OF DEATH: **Jasper**
(a) County **Joplin**
(b) City or town **Joplin**
(c) Name of hospital or institution: **822 Missouri Ave.**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **None**
In this community **1 Year.**
years, months or days (Specify whether years, months, days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **822 Missouri Ave;**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **No** years.

3. (a) PRINT FULL NAME **George Williams;**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **9.** 1940
year **11-40** hour **11-40** minute **P.** M. M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Lizzie Williams.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **No Record** 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov-1** 19**40** to **Nov 9** 19**40**
that I last saw him alive on **Nov 9** 19**40**
and that death occurred on the date and hour stated above.

8. AGE: Years **about 83** Months **-** Days **-** If less than one day
hr. _____ min. _____

Immediate cause of death **Coronary Atherosclerosis**
Due to _____

9. Birthplace **No Record**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) **J.P.**

10. Usual occupation **Retired Farmer**
11. Industry or business **Farming**

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name **No Record**
13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**
15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Pearl Stewart**
(b) Address **822 Missouri, Joplin Mo;**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) **Funeral Home** (b) Date thereof **11-12-40**
(Date of removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fayetteville Ark.**

(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? **???**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Mo;**

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

19. (a) **11-11-40** (b) **Ed W James**
(Date received local registrar) (Registrar's signature)

23. Signature **H. Williams** (M. D. or other) _____
Address **Joplin Mo** Date signed **11-11-40**

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

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 *Sam C. Senseney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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, fact should be so stated above.