

No. 2  
-13-40  
-17-39  
X-50

JAN 13 1941 243

Primary Registration District No. 3339

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Wallas  
(b) City or town Urbana, Mo.  
(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 51 years  
years, months or days

3. (a) PRINT FULL NAME Lee Roy Williams

3. (b) If veteran, name war World War 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name John Williams

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Martin Clayton

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

16. (a) Informant Albert Williams

(b) Address Urbana, Mo.

17. (a) Burial (b) Date thereof 12-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Post Wanted Reser

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address W. Arson, Mo.

19. (a) Dec 16-1940 (b) E. C. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wallas  
(c) City or town Urbana  
(If outside city or town limits, 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 11<sup>th</sup> day Dec  
year 1940 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot deep inflicted wound in forehead by 22 rifle in his own hands

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy 107

Duration

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) suicide

(b) Date of occurrence Dec 16-1940

(c) Where did injury occur? Urbana Wallas Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 222 at home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5

23. Signature E. C. Williams (M. D. or other)

Address Urbana Mo Date signed 12/16/40

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

RECEIVED  
DEC 22 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John F. Reese*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw, 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.**