

No. 2
4-13-40
-17-39
I X23159
19

FILED JAN 17 1941
Registration District No. 426

Primary Registration District No. 406 5560

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin--Rural--Twin Grove
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Joplin--Rt #3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Rural--Twin Grove Township
(If outside city or town limits, write "RURAL")
 (d) Street No. Joplin--Route #3
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James L. Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 17, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Dallas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

12. Name Delno Williams

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

14. Maiden name Catherine Owen

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

16. (a) Informant Mrs. Ethel Williams

(b) Address Joplin, Mo. Rt #3

17. (a) Burial (b) Date thereof 12-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Jet Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin Mo.

19. (a) 12-15-1940 (b) Roy Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
 year 1940 hour 6:30 minute _____ PM _____ M.

21. I hereby certify that I attended the deceased from Jan 1940, to Dec 10, 1940;
 that I last saw him alive on Dec 1, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 year

Due to _____
 Due to 27
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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) _____
 (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? _____

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

23. Signature J. M. Gray M.D. (M. D. or other) 1
 Address Joplin Mo Date signed 12-12-40

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

MOTHER FATHER

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.....

David Dillon

Licensed Embalmer No. **3998**

P. O. Address.....

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.