

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

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: 306 N. Joplin St.  
(d) Length of stay: In hospital or institution 40 yrs.  
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 306 N. Joplin  
(e) If foreign born, how long in U. S. A? No years.

3. (a) PRINT FULL NAME HELEN M'COOL WILLIAMS  
(b) If veteran, name war  
(c) Social Security No.

20. DATE OF DEATH: Month 1 day 20 year 1941 hour 11 minute P. M.

4. Sex FE 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCE  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from July 26 1941 to July 20 1941 and that I last saw her alive on July 20 1941 and that death occurred on the date and hour stated above.  
Immediate cause of death: Lobar Pneumonia  
Duration: 1 week

7. Birth date of deceased APRIL 1 - 1896 (Month) (Day) (Year)  
8. AGE: Years 44 Months 9 Days 20 If less than one day hr. min.

Due to: 10  
Due to:  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy:

9. Birthplace SPRINGDALE ARK. 1 (City, town, or county) (State or foreign country)  
10. Usual occupation HOUSE DUTY

11. Industry or business " "  
MOTHER FATHER { 12. Name GEORGE N. BOREN  
13. Birthplace HUNTSVILLE ARK. 1 (City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH PROCTOR  
15. Birthplace SPRINGDALE ARK. 1 (City, town, or county) (State or foreign country)  
16. (a) Informant Florence Boren  
(b) Address Joplin Mo.  
17. (a) BURIAL? (b) Date thereof 1/22/41 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FAIRVIEW  
18. (a) Signature of funeral director Hurlbut & Co.  
(b) Address Joplin Mo.  
19. (a) 1-21-41 (b) 202 Joplin (Date received local registrar) (Registrar's signature)

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?  
372 (Specify type of place) While at work? Means of injury  
23. Signature H. H. Wilbur (M. D. or other) D  
Address Joplin Mo Date signed 2-4-41

41-2-157

**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. Senaney*

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.**