

FILED FEB 20 1942
Registration District No. 677

Primary Registration District No. 4403

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla *Jun*
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Phelps
(c) City or town Rolla (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 407 - Rolla St. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Buell Williams
(b) If veteran, name war _____
(c) Social Security No. 486-18-1861

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24 1942
year 1942 hour 1.30 minute _____ M.

4. Sex Male ()
5. Color or race Wht
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Fae Williams
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 11 1906
(Month) (Day) (Year)

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 _____
Duration _____

8. AGE: Years 36 Months 4 Days 13 If less than one day
hr. _____ min. _____

Due to Broken neck, crushed
(1st & 2nd) skull injuries
Due to auto wreck
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Vichy MO ()
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____
12. Name John Williams
13. Birthplace Vichy MO ()
(City, town, or county) (State or foreign country)
14. Maiden name Lidv Moreland
15. Birthplace Wicky Mo ()
(City, town, or county) (State or foreign country)

Major findings: Broken neck
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant H. Duncan
(b) Address Rolla, MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Jan 24 - 1942
(c) Where did injury occur? Highway north of Rolla
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MASCEDONIA 1720

18. (a) Signature of funeral director Mrs Harry McCann
(b) Address Rolla Mo
19. (a) 1-26-42 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) (c) Means of injury
23. Signature R. H. Hull Crown Phelps Co
Address _____ Date signed _____

MAR 4 1942

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 *Mrs Harry McCaw*

Licensed Embalmer No. *1814*

P. O. Address *Rolla 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.