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FILED MAR 16 1940

Primary Registration District No. **740 11442**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Hardin Mo**
(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 **most of his life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray**
(c) City or town **Hardin**
(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.? **Native** years.

3. (a) PRINT FULL NAME **John David 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 _____ 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **September 13 - 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Ray Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER
12. Name **Harvey Williams**
13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan C. Van Trump**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Julia Williams**
(b) Address **Hardin Mo**

17. (a) **Burial** (b) Date thereof **3-3-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wakenuda Cem**

18. (a) Signature of funeral director **John W. Simpson**
(b) Address **Hardin Mo**

19. (a) **3-2-42** (b) **Chas W Skiffard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1** year **1942** hour **2** minute **45 P** M.

21. I hereby certify that I attended the deceased from **Jan 1** 1942, to **March 1** 1942, that I last saw him alive on **March 1** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **2 days**

Due to **Enlarged & Irritated Prostate, Probably Carcinoma** 2 yrs

Due to **Arthritis - General** 10 yrs

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

Major findings: Of operations **107** Of autopsy _____
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? _____

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

23. Signature **Marvin Thomas** (M. D. or other) _____
Address **Hardin, Mo.** Date signed **3/2/1942**

1144 ✓ (Licensed Embalmer's Statement on Reverse Side)

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

900

1144

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-13-42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John W. Kuipschild.

Licensed Embalmer No. 2789

P. O. Address Hardin 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.