

FILED OCT 13 1942 28

Registration District No. 318

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**633 S. Pickwick**  
(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 **Missouri** (b) County **Greene** **39**  
(c) City or town **Springfield** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **633 S. Pickwick** **6**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Louise Williams**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John R. Williams** 6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **About 60** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Henderson**  
(b) Address **Springfield, Mo.**  
17. (a) **Burial** (b) Date thereof **Sept. 17, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Eastlawn**

18. (a) Signature of funeral director **H.H. Lohmeyer**  
(b) Address **Springfield, Mo.**  
19. (a) **9-15-42** (b) **Dr. W. Henderson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**  
year **1942** hour **2** minute **45** p. M.

21. I hereby certify that I attended the deceased from **only on 9/14/42** to **9/14/42**, 19\_\_\_\_  
that I last saw h. **er** alive on **9/14/42** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
Duration **3 hrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

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? \_\_\_\_\_

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

23. Signature **J. R. Lemmon** (M. D. or other) **M. D.**  
Address **Springfield, Mo.** Date signed **9/15/42**

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1943

FEB 23 1943

**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 P. Doolin Lorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.**

X