

FILED NOV 12 1942

Registration District No. 128

Primary Registration District No. 5466

State File No. \_\_\_\_\_  
Registrar's No. 774

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OSAYK OSTEOPATHIC HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Day (Specify whether  
In this community 6 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wright

(c) City or town Macomb  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GERALD <sup>tray</sup> WILLIAMS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased March 1 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

20 7 27 hr. min.

9. Birthplace Macomb Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Harney Williams

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

14. Maiden name Mary Louise

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

16. (a) Informant Harney Williams

(b) Address Macomb, Mo 30

17. (a) Burial (b) Date thereof OCT 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mansfield Cem

18. (a) Signature of funeral director J.H. Steffe

(b) Address MANSEFIELD MO.

19. (a) 10-30-42 (b) G. W. H. H. H. H.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28  
year 1942 hour 7 minute 10 AM

21. I hereby certify that I attended the deceased from Oct 24  
1942 to Oct 28 1942  
that I last saw him alive on Oct 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Gangrenous Appendix 10 days

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

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

Major findings: Of operations Ruptured gangrenous appendix

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)

(a) Means of injury \_\_\_\_\_

23. Signature William D. Steffe (M. D. or other) MD

Address Springfield Mo Date signed Oct 29

**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

*J. A. Steffe*

Licensed Embalmer No. *3221*

P. O. Address *Manfield, Ohio*

**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.**