

FILED NOV 19 1942
6088

Registration District No. 4472

Registrar's No. 10

97
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH Saline

(a) County Saline

(b) City or town rural, Miami Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town R.F.D.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME James Tetter Williams

3. (b) If veteran, name war: no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd
year 1942 hour 9 minute 30 P.M.

4. Sex male

5. Color or race 2 negro

6. (a) Single, widowed, married, divorced 1 divorced married

6. (b) Name of husband or wife Dora Williams

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: October 10 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22 1942 to Oct 22 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 Cerebral Hemorrhage Duration 24 hrs

8. AGE: Years 75 Months 0 Days 12
If less than one day hr. min.

Due to Arteriosclerosis

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

Due to

10. Usual occupation Farmer

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

11. Industry or business

Major findings: Of operations X

MOTHER FATHER

12. Name unknown

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

14. Maiden name Annie Louise Foster

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

Of autopsy X

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Tetter Williams

(b) Address Slater, Mo.

22. If death was due to external causes, fill in the following:

17. (a) burial (b) Date thereof 10-25-'42
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Place: burial or cremation Slater, Mo.

(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?

18. (a) Signature of funeral director Hill Brothers, Slater, Mo.

(b) Address

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

19. (a) Nov 14-42 (b) Mrs John Giger
(Data received local registrar) (Registrar's signature)

23. Signature Frank H. Sallman (M. D. or other)
Address Merice Date signed 11/24/42

RECEIVED

District Health Officer No. 8;

District File Num. or _____

Date Filed 11-17-42

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

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.