...o. 2
—5-42
17-39
X32873
49
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2612

State File No. .....

FILED FEB 12 1943

Registration District No. 1256 Primary Registration District No. 2-081 581 Registrar's No. 619

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Bellevile Mo Joplin Rt 3 (If outside city or town limits, write "RURAL" and name of township)

(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 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

(c) City or town Bellville (If outside city or town limits, write "RURAL") 3

(d) Street No. Joplin Rural - Galena Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Walter H. Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No. 500-09-1494

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jennie

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct 14 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Portia (City, town, or county) ark (State or foreign country) 1

10. Usual occupation Concrete Tile Co

11. Industry or business Labor

FATHER
12. Name John Henry Williams
13. Birthplace no record (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country) 9

16. (a) Informant Jennie Williams

(b) Address Rt 3 Joplin Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-21 43 (Month) (Day) (Year)

(c) Place: burial or cremation Portia, ark

18. (a) Signature of funeral director Herschill Dillon Mortuary

(b) Address 4th & Wall St

19. (a) 1-21-43 (Date received local registrar) (b) Gertrude Dudhoeffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 43 hour 12-noon minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19 to ..... 19 ; that I last saw him alive on ..... 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis — Duration

Due to .....

Due to .....

Other conditions Followed cranking Car ✓
(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 12 8

(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 ..... Coroner

23. Signature R. V. Nichols (M. D. or other)

Address Carthage Mo Date signed Jan 20

(Licensed Embalmer's Statement on Reverse Side)

48-1-63

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.....

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2612

Registration District No. 156 Primary Registration District No. 0-5-81 Registrar's No. 619

1. PLACE OF DEATH:

(a) County: Jasper

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

(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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

3. (a) PRINT FULL NAME: Walter H. Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct (Month) 14 (Day) 1883 (Year)

8. AGE: Years Months Days (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 19 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis — Duration

Due to: Dropped dead while in act of cranking car at home

Due to: Followed cranking car

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 1954
Of autopsy: 99

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): accident

(b) Date of occurrence: Jan 19 43

(c) Where did injury occur? Joplin (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? (e) Means of injury: cranking car

23. Signature: R. A. Mebetee (M. D. or other) Coroner

Address: Carthage Mo. Date signed Nov 2 1943

SUPPLEMENTARY