

FILED FEB 16 1943  
Registration District No. **200**

Primary Registration District No. **5725**

1. PLACE OF DEATH:

(a) County **Macon**  
(b) City or town **Macon, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**County of Macon**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **19** (Specify whether  
In this community **all life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Macon**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **TOM WILLIAMS**

3. (b) If veteran, name war **11** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 8 1883**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **21** If less than one day hr. min.

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

10. Usual occupation **Shoe Repairer**

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

12. Name **L. F. Williams**

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

14. Maiden name **Mary E. Rutledge**

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

16. (a) Informant **Louis Williams**

(b) Address **Ethel Mo**

17. (a) (Burial, cremation, or removal) (b) Date thereof **1 30 43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Heulton County**

18. (a) Signature of funeral director **Harry E. ...**

(b) Address **Ethel ...**

19. (a) **1/30/43** (b) **J. P. B. Hunchler**  
(Date received by registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Jan** day **29** year **1943** hour **3** minute **9** A. M.

21. I hereby certify that I attended the deceased from **Jan 29 1943** to **Jan 29 1943** that I last saw him alive on **Jan 28 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage of stomach** Duration **1 week**

Due to **Bruise of stomach** **20 yrs ±**

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

Other conditions (Include pregnancy within 3 months of death) **na**

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. F. Turner** (M. D. or other) \_\_\_\_\_

Address **Macon Mo** Date signed **1/29/43**

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

100

1001

JAN 29 1946

RECEIVED

District Health Officer No. 10

District File Number 2-43290

Date Filed FEB 15 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

*H. G. ...*

Registered Apprentice No. 3902

working under my personal supervision.

Signed *H. G. ...*

Licensed Embalmer No. 3902

P. O. Address Ethel ...

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.