

X28390

FILED JUN 8 1943

Registration District No. 172

Primary Registration District No. 4271

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Alma, Missouri.
(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.....
In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Alma, Mo.
(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 James Franklin Williams

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Callie Beverle 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased Dec. 11, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Section Foreman

11. Industry or business

MOTHER FATHER { 12. Name Joseph Williams
13. Birthplace Boling Green, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Holman
15. Birthplace Boling Green, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Callie Williams,

(b) Address Alma, Missouri.

17. (a) Odessa, Mo. (b) Date thereof 5/18/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Cemetery

18. (a) Signature of funeral director A. H. Brewer

(b) Address Alma, Mo.

19. (a) 5-17-1943 (b) Dr. W. A. Braecklein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 10 minute 20 p. M.

21. I hereby certify that I attended the deceased from 10-28-42
10-28, 1942, to May 15, 1943
that I last saw him alive on May 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Degeneration
arterio-sclerosis and
Cerebral Sclerosis

Due to 93d
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 L. M. Kendall (M. D. or other)
Address Alma, Mo. Date signed 5-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1189

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-43

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. H. Brimmer*

Licensed Embalmer No. 2696

P. O. Address Alma, 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.