S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3843

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 652

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1501 Minnesota Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1501 Minnesota Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Henry 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 married

6. (b) Name of husband or wife Mary Catherine Williams

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 19, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	7	hr. min.

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

10. Usual occupation real estate agent

11. Industry or business

FATHER
12. Name John T. Williams
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Woodworth
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Mrs. Mary C. Williams
(b) Address 1501 Minnesota, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-26-43 (Date received local registrar) (b) Gertrude Seidhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from November 11, 1943 to Nov. 26, 1943
that I last saw him alive on Nov. 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Charles C. Coats (M. D. or other) MD

Address Joplin Mo Date signed 11-26-43

(Licensed Embalmer's Statement on Reverse Side)

43-11-952

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 F. M. Jones

Licensed Embalmer No. 2319

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.