S. No. 2
1—5-42
5-17-39
I X32073

39
2
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 11048

Registrar's No. 250

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days) Hospital

In this community: 10 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Lamar, Mo. (b) County: Barton 6

(c) City or town: Lamar, Missouri
(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: Claude Williams

3. (b) If veteran, name war: NONE

3. (c) Social Security No. UNK.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Trula Williams

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

7. Birth date of deceased: March (Month) 27 (Day) 1918 (Year)

8. AGE: Years 29 | Months 11 | Days 18 | If less than one day: hr. min.

9. Birthplace: Lamar (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Section Laberor Rail Road

11. Industry or business: FriscoR.R.

FATHER
12. Name: Ira Williams
13. Birthplace: Lamar, Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Daisy Onstott
15. Birthplace: Lamar, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Trula Mae Williams
(b) Address: Lamar, Missouri

17. (a) Lamar, Missouri (Burial, cremation, or removal) Date thereof 3/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lamar, Mo.

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Missouri

19. (a) 3-16-44 (Date received local registrar) (b) W E Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 6, 1944, to March 15, 1944 that I last saw him alive on March 15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aplastic Anemia	
Due to: Unknown Cause	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Generalized petechial hemorrhages

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: Norman C. Stone D (M. D. or other)
Address: Springfield, Mo. Date signed 3-15-44

9864

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1946

APR 9 1947

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 L. Dorlin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.