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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 20 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Independence Sanitarium  
(If not in hospital or institution, write street number or location) N

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 6 Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Grain Valley 0  
(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 Raymond L. Williams

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27  
year 1944 hour 11:30 minute 0 M.

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife La Verne Williams

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Nov. 20 1925  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Shock

Multiple fractures of ribs and pelvis

Due to Autopistole traumatism

Due to (truck and tree)

8. AGE: Years Months Days If less than one day

18 7 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Oak Grove, Mo. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Floyd Sharp

12. Name Thomas F. Williams

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

14. Maiden name Alice Henniger

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

16. (a) Informant Thomas F. Williams

(b) Address Oak Grove, Mo.

17. (a) Burial (b) Date thereof 6-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Cemetery

18. (a) Signature of funeral director Webb Federal Home

(b) Address Blue Springs, Mo.

19. (a) 6-28-44 (b) James Wilson  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See above

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 120

(b) Date of occurrence 6/27/44

(c) Where did injury occur Independence, Jackson, Missouri  
(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 Truck hit

23. Signature A. G. Upsher (M. D. or other) \_\_\_\_\_

Address 23rd & Mc Kay Date signed 6/27/44

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

JAN 20 1944  
JUL 7 1984

**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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep. 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.**