No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No.

Registrar's No. 5994

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

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: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County STONE

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

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6
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3. (a) PRINT FULL NAME INFANT Williams

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased July (Month) 16 (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
9	0	1	7 hr. 30 min.

9. Birthplace Springfield Baptist Hosp Missouri (City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

FATHER
12. Name Ellis Ralph Williams
13. Birthplace Magic Springs Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Noble Kena Drewry
15. Birthplace Magic Springs Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Noble Williams

(b) Address Hurley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hurley, Mo.

18. (a) Signature of funeral director Body Removed By family, U.R. Williams

(b) Address Hurley Mo.

19. (a) 9-16-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1944 hour 6:00 minute p M.

21. I hereby certify that I attended the deceased from July 16, 1944, to July 17, 1944; that I last saw him alive on July 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	10 hrs
Due to Toxemia of Mother	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 A. P. Copeth (M. D. or other) MD

Address Crane Mo. Date signed 9-13-44

(Licensed Embalmer's Statement on Reverse Side)

944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.