. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2033

Registration District No. 72 | Primary Registration District No. 5289 | Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural Lafayette Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Public Road 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Platte
(c) City or town: Rural (If outside city or town limits, write "RURAL") 83
(d) Street No.: RH 3 Parkville Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: HOMER TAYLOR WILLIAMS
3. (b) If veteran, name war: ____
3. (c) Social Security No. 499-07-7090
4. Sex: M
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife: Grace Williams
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Jan (Month) 14 (Day) 1896 (Year)

8. AGE: Years 49 | Months 0 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Kan. (State or foreign country)
10. Usual occupation: Alcohol Plant
11. Industry or business: distiller's Helper
MOTHER FATHER
12. Name: A. J. Williams
13. Birthplace: (City, town, or county) Ky (State or foreign country)
14. Maiden name: Betty E Dinkhorn
15. Birthplace: (City, town, or county) Ky (State or foreign country)
16. (a) Informant: Arthur Williams
(b) Address: R 3, Parkville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (c) Signature of funeral director: Morton Funeral Home
(b) Address: 710 Kansas City Mo
19. (a) Feb-1-1945 (Date received local registrar) (b) Opal N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1945 hour 6 minute 8 M.
21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw h____ alive on ____ and that death occurred on the date and hour stated above.

Immediate cause of death: Crushed Chest internal injuries — Duration
Due to: Being Gored by Bull
Due to: ____
Other conditions (Include pregnancy within 3 months of death): C A Jones Co
Major findings:
Of operations: ____
Of autopsy: 188 140

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 124
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: Jan 31-1945 (Month) (Day) (Year)
(c) Where did injury occur? Mo Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)
While at work? no (e) Means of injury: Gored by Bull
23. Signature: John S Morton Coroner (M.D. or other)
Address: 710 Kansas City Mo Date signed 1/31/45

1021 (Licensed Embalmer's Statement on Reverse Side)

[illegible]
District Health Officer No. [illegible]
[illegible] Number
Date Filed 2-7-45

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 John S Morton

Licensed Embalmer No. 4349

P. O. Address Nokomo

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.