

FILED FEB 24 1945

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 68

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:
305 N. Gray Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Williams

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male, Color or race white, 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nina Williams, 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 17, 1892 (Month) (Day) (Year)

8. AGE: Years 52, Months 4, Days 16, If less than one day hr. min.

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

10. Usual occupation truck driver

11. Industry or business

12. Name John J. Williams
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Nancy Peters
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina Williams
(b) Address 305 N. Gray, Joplin, Missouri
17. (a) burial (b) Date thereof 2/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 2-4-45 (Date received local registrar) (b) Arthur S. Schaefer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 305 N. Gray Avenue 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot from family six month covered bullet. Due to: The Sugar. Due to: Bullets had blown away.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy: Coronary Investigation

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 3-5-45
(c) Where did injury occur? Joplin, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Bath Room)
(Specify type of place)
(e) Means of injury:
23. Signature: W. W. Penfold (M.D. or other) Address: 2114 Joplin Date signed: 2-3-45

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

19
2
5

1204

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.