

S. No. 2
OM-5-43
ev. 5-17-39
I X36871

FILED JUN 13 1945

Registration District No. 27

Primary Registration District No. 5811

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: 1 & 1/2 days

(If not in hospital or institution, write street number or location)

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

In this community Eight years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Buell (If outside city or town limits, write "RURAL") 20

(d) Street No. _____ (If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN NEWTON WILLIAMS.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20th
year 1945—hour 7—minute 17—M.

21. I hereby certify that I viewed the deceased from
20 May—1945, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Addeline Williams

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct 12 1861
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 84 Months 4 Days 8 If less than one day _____ min.

9. Birthplace Prospect Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General farm work.

Major findings:
Of operations None

Of autopsy _____

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

MOTHER FATHER {

12. Name Thomas Phlem Williams

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ingeon

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida M. Cepner

(b) Address Kalston, Iowa

17. (a) Burial (b) Date thereof May 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown

18. (a) Signature of funeral director J. W. Kirtine

(b) Address Wellsville
May 22-45 (b) Mrs. E. Vandover
(Received local registrar) (Registrar's signature)

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)

Means of injury 3

23. Signature Clarence Lennert (M. D. or other) 3

Address Montgomery City, Mo. Date signed 21 May 45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-45

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

[Handwritten Signature]

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.