

**FILED** FEB 1 1946  
209

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 3043

Registrar's No. 379

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Elizabeth 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 Missouri (b) County Audrain 4  
(c) City or town Mexico 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 440 W. Promenade St. 2  
(If rural, give location) 1  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Infant son of Gable Williams  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

20. DATE OF DEATH: Month 14 day Dec.  
year 1945 hour 10:15 minute P. M.

4. Sex Male 2 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 12, 1945  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 12  
1945 to Dec. 14, 1945,  
that I last saw him alive on Dec. 14, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Hemorrhage  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
0 0 2 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

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

10. Usual occupation None

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
134

11. Industry or business \_\_\_\_\_

12. Name Gable Williams

13. Birthplace Santa Fe, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clark

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

16. (a) Informant Gable Williams

(b) Address Mexico, Mo.

17. (a) Removal (b) Date thereof Dec. 16, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Earl E. Paul

(b) Address Mexico, Mo.

19. (a) 12-24-45 (b) D. E. M. Lucke  
(Date 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 1/1

(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed \_\_\_\_\_

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

MOTHER FATHER

**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..... *Carl E. Prueh*.....  
Licensed Embalmer No. *3189*.....  
P. O. Address *Merion, 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.**