

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 321

FILED APR 24 1946
Registration District No. 28

Primary Registration District No. 2000

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Douglas
(c) City or town Seymour Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. # 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John David Williams

3. (b) If veteran name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race wht 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 Oct. 12, 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 6 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Seymour Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name Jilden C. Williams

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

14. Maiden name Ruby Olive Pruett

15. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jilden C. Williams

(b) Address Seymour, Mo. R. 4.

17. (a) Burial (b) Date thereof Apr. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtwood Cemetery

18. (a) Signature of funeral director Elley Donald Bunsie

(b) Address Seymour, Mo.

19. (a) 4-15-46 (b) J. W. Edrington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr. 11, 1946, to Apr. 12, 1946,
that I last saw him alive on Apr. 12, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric thrombosis Duration 32
Due to Intestinal obstruction 32.

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

Major findings: Of operations _____
Of autopsy _____
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 plane)
While at work? _____ (c) Means of injury 1

23. Signature Urban Besick (M. D. or other) _____
Address Springfield, Mo. Date signed 4-15-46

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

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.