

FILED APR 13 1947

Registration District No. **13** Primary Registration District No. **3-5477** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **GRUNDY**

(b) City or town **RURAL - Martinsburg**

(c) Name of hospital or institution: **R.F.D. #7 - Lake Wittana**

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

(d) Length of stay: In hospital or institution **3** (Specify whether)

In this community **19 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GRUNDY**

(c) City or town **KENTON**

(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **FOREST E. WILLIAMS**

3. (b) If veteran, name war **World War II**

3. (c) Social Security No. **325-10-0371**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23** year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex **MALE** **5. Color or race** **white**

6. (a) Single, widowed, married, divorced, or single **Single**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased **March 14, 1906**

(Month) (Day) (Year)

Immediate cause of death **Accidental death by drowning**

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
41	0	9	- hr. - min.

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

9. Birthplace **SULLIVAN County, MO**

(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **STREETS**

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

MOTHER, FATHER

12. Name **John F. Williams**

13. Birthplace **SULLIVAN County, MO**

(City, town, or county) (State or foreign country)

14. Maiden name **Martha A. Couch**

15. Birthplace **Spencer Co, MO**

(City, town, or county) (State or foreign country)

22. (a) Accident, suicide, or homicide (specify) **36**

(b) Date of occurrence **36**

(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?

16. (a) Informant **Mrs. Bertha Still**

(b) Address **KENTON, MO**

17. (a) (Burial, cremation, or removal) **BURIAL** **(b) Date thereof** **MAR 25 1947**

(Month) (Day) (Year)

(c) Place: burial or cremation **Luella Amey, Sullivan Co.**

23. Signature **Raymond A. Dennis** **(Specify type of place)** **3**

(c) Means of injury _____

While at work _____

23. Address **Kenton Mo.** **Date signed** **3-25-47**

18. (a) Signature of funeral director **Frank J. ...**

(b) Address _____

19. (a) 3/25/47 **(b) Frank J. ...**

(Date received local registrar) (Registrar's signature)

115

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

MAY 13 1947

APR 1 1947

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

Walter E. Meyer

Registered Apprentice No.

458

working under my personal supervision.

Signed

Raymond A. Dean

Licensed Embalmer No.

3424

P. O. Address

Quinton, 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.

Registration District No. *132*

Primary Registration District No. *5477*

Registrar's No. _____

1. PLACE OF DEATH:

(a) County *Shundy Rural*
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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 _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Forest E. Williams

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

4. Sex *m* 5. Color of race *w* 6. (a) Single, widowed, married, divorced *s*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased *March 14 1947*
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* 1947
 year _____ hour _____ minute _____ 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 _____

Suffocation by submersion

Due to _____

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) *Accident*

(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? _____ Means of injury _____

23. Signature *James A. Danner* *Coroner*

Address _____ Date signed *4-7-47*

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

SUPPLEMENTARY

8705