S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

21765

State File No. .....

FILED JUL 10 1947

Registration District No. 188 244 Primary Registration District No. 2001 5835 Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Shoal Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arizona (b) County 999
(c) City or town Phoenix 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME Judy Williams
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Fem 1
5. Color or race W
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 September 1, 1943 (Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Hockerville (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name Eugene Williams
13. Birthplace Purdy, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Velma White
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Williams
(b) Address Phoenix, Arizona
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Picher, Oklahoma
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Missouri
19. (a) 5-24-47 (Date received local registrar) (b) Adolous Lampkins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20, day 1947
year about hour 1:45 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...
that I last saw her ~~alive on~~ dead May 20 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death when house was destroyed by fire — Duration
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 73
(b) Date of occurrence May 20, 1947
(c) Where did injury occur? near Joplin (City or town) Newton (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Burned
23. Signature Cooley Thompson (M.D. or other) 3
Address near Jo Mo Date signed 5/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-6-513

JUL 11 1967

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 Perry K. Hurlbut

Licensed Embalmer No. 959

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.

. No. 2B
M—3-45
I X48880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24760

Registration District No. 244 ✓ Primary Registration District No. 5837 ✓ Registrar's No. 14

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Shoal Creek Twp.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Arizona (b) County
(c) City or town Phoenix
(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 Judy Williams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or 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, or if dead, how long dead
7. Birth date of deceased Sept 1 (Month) (Day) 1924 (Year)

8. AGE: Years 3 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Okla (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Eugene Williams
13. Birthplace (City, town, or county) Purdy (State or foreign country)

MOTHER
14. Maiden name Vilma White
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Eugene Williams
(b) Address Phoenix Ariz
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pecher Okla
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo
19. (a) 9/10-1947 (Date received local registrar) (b) Mrs. Allie Parnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20 Day year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Burned to death when house was destroyed by fire
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 5-20-47
(c) Where did injury occur? Joplin (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Burned
23. Signature Carley Thompson (M. D. or other)
Address Neosho Mo Date signed 5-22-47

SUPPLEMENTARY

S-21765