S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No. 248

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24929

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 13

(c) City or town Seneca 4
(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)
If yes, name country

3. (a) PRINT FULL NAME Ora Lester Williams

3. (b) If veteran, name war —

3. (c) Social Security No. 11

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Beulah

6. (c) Age of husband or wife if alive 4 6 years

7. Birth date of deceased June (Month) 2 (Day) 1897 (Year)

8. AGE: Years 50 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Ottawa Co. (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Jol

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

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

16. (a) Informant Mrs. Beulah Williams
(b) Address Seneca, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Seneca Cemetery

18. (a) Signature of funeral director W E Biddlecombe
(b) Address Seneca Mo

19. (a) 6-21-'47 (Date received local registrar) (b) Mrs Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Dec 18 1946 to June 13 1947
that I last saw him alive on June 12 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to Bronchiogenic Carcinoma rt lung	
Other conditions (Include pregnancy within 3 months of death) diagnosis from Tissue examination	

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 place)
While at work? (e) Means of injury

23. Signature Joy E Jones MD (M. D. or other)
Address 708 Thisgo Bldg Date signed 6/18/49
Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

S(2)-21766

RECEIVED
District Health Officer No. Newton
District File Number 242-142
Date Filed 9-22-47

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 W E Biddle Jerome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.