

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1567

FILED JAN 19 1948

Registration District No. 157

Primary Registration District No. 5589

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town rural -- Union township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 3, Carthage  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 66 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 3, Carthage  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME GEORGE WILLIAMS

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

4. Sex male Color white  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida R. Williams  
6. (c) Age of husband or wife alive 63 years  
7. Birth date of deceased October 22 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 13  
If less than one day hr. min.

9. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)  
farmer

10. Usual occupation

11. Industry or business

12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Williams

(b) Address Route 3, Carthage, Mo.

17. (a) burial (b) Date thereof Jan 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fullerton Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 1-8-48 (b) R. B. Clenton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
year 1948 hour 12 minute 10 a. M.

21. I hereby certify that I attended the deceased from Jan 2, 1948, to Jan 5, 1948,  
that I last saw him alive on Jan 4, 1948,  
and that death occurred on the date and hour stated above.  
Immediate cause of death. Acute Myocarditis

Due to. Acute Lobar Pneumonia

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)

(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? (Specify type of place) (e) Means of injury

Signature J. E. Baker (M. D. or other)

Address Carthage Mo Date signed 1-6-48

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

49  
0  
0

MOTHER FATHER

9  
1  
1

SEP 10 1959

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.