

FILED JUL 6 1948

Registration District No. 336

Primary Registration District No. 6137

1. PLACE OF DEATH:  
(a) County Shannon  
(b) City or town Rural Winona Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 10 years years, months or days)

3. (a) PRINT FULL NAME Vinton Alexis Williams  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Code Williams 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased July 16 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 11 hr. min.

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

10. Usual occupation Oil Field Worker

11. Industry or business \_\_\_\_\_

12. Name Jacob B. Williams

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

14. Maiden name Eliza Jane Henson

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

16. (a) Informant R. O. Williams

(b) Address Winona, Mo.

17. (a) Burial (b) Date thereof 5-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, Mo.

19. (a) 6-26-48 (b) Michelle Rose  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Shannon 101  
(c) City or town Rural Winona Township 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 1/2 mi SW of Winona, Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 to \_\_\_\_\_ 19;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration Sudden

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: 8300  
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 R. D. Davis (M. D. or other)  
Address Burch Tree mo Date signed 6/10-48

RECEIVED 6-29-48  
District Health Officer No. 5  
District File Number 648416  
Date Filed 6-29-48

JUL 6 1948

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 Joseph L. Duncan  
Licensed Embalmer No. 4325

P. O. Address Int. View, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.