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Dr. Robert Glynn, Holland Bldg.  
MISSOURI DIVISION OF HEALTH

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

# STANDARD CERTIFICATE OF DEATH

State File No. **26009**

FILED SEP 7 1948  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **712-A**

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

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Baptist**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks** (Specify whether)

In this community **Lifetime**  
years, months or days)

3. (a) PRINT FULL NAME **Alvin Harrison Williams**

3. (b) If veteran, name war **None**

3. (c) Social Security No.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Margaret Williams (Divorced)**

6. (c) Age of husband or wife if alive **45 years**

7. Birth date of deceased **February 9 th. 1884**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>64</b>	<b>6</b>	<b>16</b>	hr. min.

9. Birthplace **Billings, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **Preston Williams**

13. Birthplace **Billings, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mc. Rena Geren**

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

16. (a) Informant **Mrs. W.A. Downing**

(b) Address **636 S. Jefferson, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **8-29, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **W.L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **9-4-48** (b) **W.S. Hambley M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2516 West Water**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25**  
year **1948** hour **11** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **August 2, 1948** to **August 25, 1948**  
that I last saw him alive on **August 25, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture Aneurysm Aorta** Duration **1 hr.**

Due to **Aneurysm of Aorta** ?

Due to **Mediastinitis chronic** **3 1/2**

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)

(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

23. Signature **Robert Glynn M.D.**

Address **Springfield** Date signed **9/4**

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**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 \_\_\_\_\_

*H. L. Mc Cann*

Licensed Embalmer No. \_\_\_\_\_

*2727*

P. O. Address \_\_\_\_\_

*Springfield 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.**