

FILED OCT 14 1948
Registration District No. **2**

Primary Registration District No. **3017**

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

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution **ST. JOSEPH'S HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 DAYS**
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CHARITON**

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME **LAWRENCE WILLIAMS**

3. (b) If veteran name war **WORLD WAR II**

3. (c) Social Security No. _____

4. Sex **MALE**

5. Color or race **NEGRO**

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 **DECEMBER 13 - 1925**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	9	16	_____ hr. _____ min.

9. Birthplace **KEYTESVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **DAY WORK**

12. Name **SAMUEL WILLIAMS**

13. Birthplace **DALTON - MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **NADINE CHAPMAN**

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

16. (a) Informant **SAMUEL WILLIAMS**

(b) Address **KEYTESVILLE - MO.**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **10/2/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **KEYTESVILLE - MO.**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE - MO.**

19. (a) **10-7-48** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29** year **48** hour **2:00** minute **7** M.

21. I hereby certify that I attended the deceased from **Sept 23**, 19**48** to **Sept 29**, 19**48** that I last saw him alive on **Sept 29**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **Traumatic atelectasis right lung**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **Pneumonia**

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**

(b) Date of occurrence **Sept 23, 1948**

(c) Where did injury occur? **Carroll co. mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Highway**
(Specify type of place)

While at work? **Yes** (e) Means of injury **Truck wreck**

23. Signature **T. E. Reslett** (M.D.)

Address **Boonville, Mo.** Date signed **9-30-48**

Ren off Goodway SHP

RECEIVED

District Health Officer No. 8,
District File Number

Filed 100-13-48

OCT 21 1948

OCT 25 1948

OCT 25 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 James W. Stegner
..... Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.