

No. 2
1-5-43
5-17-39
X38671

FILED NOV 1 1948

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 127

1. PLACE OF DEATH:

(a) County Pulaski

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

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

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

(c) City or town Rt. 1, Waynesville
(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 Uriah Franklin Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Edna Williams

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 16 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 6 11 hr. min.

9. Birthplace Pulaski Co. Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Industry

12. Name Isaac Williams

13. Birthplace Texas Co. Mo. C
(City, town, or county) (State or foreign country)

14. Maiden name Edna Elizabeth Thornhill

15. Birthplace Howell Co. Mo. C
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Williams

(b) Address Rt. 1, Waynesville, Mo.

17. (a) Removal (b) Date thereof 10-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Mo

18. (a) Signature of funeral director J. H. Hoops & Sons

(b) Address Waynesville Mo.

19. (a) 10-29-48 (b) Shelton C. Buckhannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Oct
year 1948 hour 1 minute 30P M.

21. I hereby certify that I attended the deceased from 9 Oct
1948 to 27 Oct 1948

that I last saw him alive on 27 Oct 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia Duration 3 weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: None

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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Date signed 28 Oct 48

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

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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.