FILED MAR	2 1955	THE DIVISION OF HI STANDARD CERTI			5872
BiRTH NO		REG. DIST. NO. 2.97	PRIMARY REG. DIST. N		/ 3
I. PLACE OF DEA	\TH				netitution: residence befor
a. COUNTY	Ray	3	- [  — — — — — — — — — — — — — — — — — —	souri b. COUNTY	Ray
b. CITY (If settide con OR TOWN He.	rporate limite, write Ri nrietta	URAL and give c. LENGTH OF STAY (in this place	oli <u>OR</u>	rain limits, write RURAL and give to	0 89 d
d. FULL NAME OF C HOSPITAL OR INSTITUTION	M not in hospital or in City	stitution, give street address or location)		(If rural, give location)	
3. NAME OF	a. (First)	b. (Middle)	c, (Last)	4. DATE (Month	) (Day) (Year)
DECEASED (Type or Print)	James	Albert	Williams	OF DEATH 2-24-	1955
	COLOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In years # the last birthday) Mosth	
. Mal E	White	WIDOWED, DIVORCED (Boodsy)	1-4-1886	69 1	Days Hours Mis.
IOa. USUAL OCCUPATIO	)N (Give kind of work	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE	and State or Foreign Country)	12. CITIZEN OF WHA
done during most of workli	ng life, even if retired) Me r	Farmer	,	n, Missouri O	COUNTRY!
3a. FATHER'S NAME	rie I	136, MOTHER'S MAIDE		14. NAME OF HUSBAND OR W	
	William				ross
Joseph 15. Was deceased eve					ADDRESS
	yes, give war or dates o	of service) NO	· I	lliams Richmon	
<u> </u>	OM	None.	CERTIFICATION	TITAMS . KICHMOH	I INTERVAL BETWEEN
18. CAUSE OF DEATH	I DISEASE OR CO	NOTION		1-41 00	ONSET AND DEATH
Enter only one cause per i line for (a), (b), and (c)	I, DISEASE OR CO DIRECTLY LEADI ANTECEDENT CA	,-,	eture of	thesku	ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such	ANTECEDENT CA	AUSES	utomobis	the spur	ORSET AND DEATH
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CA	,-,	utomober	the spende	DISET AND DEATH
Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia.	ANTECEDENT CA  Morbid conditions rise to the above co the underlying cau	AUSES  , if any, giving DUE TO (b)  ruse (a) stating  see last.  DUE TO (c)	etomober Mission O	the skul le accide 12 trues	DISET AND DEATH
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Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION	ANTECEDENT CA Morbid conditions rise to the above co the underlying cau  11. OTHER SIGNIF Conditions contrib- related to the diseas  19b. MAJOR FIND	AUSES  I, if any, giving DUE TO (b)  I are last:  DUE TO (c)  FICANT CONDITIONS  Pulling to the death but not are or condition causing death.  DINGS OF OPERATION	etomober Misson O	089	20. AUTOPSY1
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MAR 3 1955

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

working under my personal supervision.

Licensed Embalmer, No

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.