

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15635

Registration District No. 651

Primary Registration District No. 5862

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Caruthersville Mo R 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
"Rural" Little Prairie Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: 1 hospital or institution (Specify whether
In this community 452
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peru
(c) City or town Caruthersville Mo R 1
(If outside city or town limits, write "RURAL")
(d) Street No. "Rural" R.F. D. 101 Little Prairie
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ✓ years.

3. (a) PRINT FULL NAME Allen Lewis Williams

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race Col 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov 1 - 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 05 07 hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Alford B. Williams

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

14. Maiden name Lena Alexander

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

16. (a) Informant Phyllis Anderson
(b) Address Caruthersville Mo

17. (a) Burial (b) Date thereof April 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director J. W. Smith
(b) Address Caruthersville Mo

19. (a) April 29, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
year 1940 hour 110 minute ✓ P. M.

21. I hereby certify that I attended the deceased from Apr 7th 1940
19 to 19 1940
that I last saw him alive on Apr 4th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

MOTHER FATHER { 12. Name Alford B. Williams
13. Birthplace Peru Co Mo
14. Maiden name Lena Alexander
15. Birthplace Tenn

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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? 585

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. Batten (M. D. or other) _____
Address Caruthersville Mo Date signed 4/11/40

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

5-40-12

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.