DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26160

Registration District No. 772 — Primary Registration District No. 4463 — Registrar's No. 968

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Francois

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Binda Joan Williford 416

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 20, 1939 (Month) (Day) (Year)

8. AGE: Years | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Elvins, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Ira Williford
13. Birthplace St. Francois, Co. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Martin
15. Birthplace St. Francois, Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ira Williford

(b) Address Elvins, Mo.,

17. (a) Lane Cemetary (Burial, cremation, or removal) (b) Date thereof July 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Ernest Snarber

(b) Address Elvins, Mo.,

19. (a) 7-10-40 (Date received local registrar) (b) C B Farrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 10 day 10 year 1940 hour 3 a.m. minute M.

21. I hereby certify that I attended the deceased from July 10, 1940, to July 10, 1940; that I last saw her alive on July 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis

Due to Diarrhea probably due to food

Due to

Other conditions (Include pregnancy within 3 months of death) 1198

Major findings: Of operations

Of autopsy 20

Duration

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? (Specify type of place)

While at work? (e) Means of injury

697

23. Signature C H Hopkins (M. D. or other) BMD

Address Fleur Rivers MO Date signed 7.10.40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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 Murphy L Sparks, Registered Apprentice No. 241, working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elsinore 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, above space should be left blank.