

Registration District No. 653

Primary Registration District No. 4390

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti
(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 _____ (Specify whether)
years, months or days 1 7

3. (a) PRINT FULL NAME BETTY JEAN WILLIAMSON

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race negro 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: 8 16 40
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Rufus Williamson
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Florida Bell Master
15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Callie Buchanan

(b) Address Hayti, Mo

17. (a) Burial (b) Date thereof 8/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo

18. (a) Signature of funeral director J. J. ...

(b) Address Hayti, Mo

19. (a) 8/19/40 (b) Pearl Kelley
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot
(c) City or town Hayti, Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19
year 40 hour 4 minute 20 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death fever Duration _____

Due to The mother having malarial fever for 3 months prior to child's birth.

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

Major findings: Of operations 38

Of autopsy _____

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? On farm

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

23. Signature Pearl Kelley Registrar (M. D. or other)

Address Hayti Mo Date signed 8/19/40

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

9-40-1

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.