

FILED DEC 11 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

88372
Do not use this space.

1. PLACE OF DEATH
 (a) County Lape Girardeau Registration District No. 120
 (b) Township 1-1 " " Primary Registration District No. 3409 Registered No. 391
 (c) City 4 " " (d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary S. Williams
 (a) Residence, No. 1960 Ellis St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1858

7. AGE YEARS 88 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lape Girardeau Mo.
 13. NAME John Harris 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER
 15. MAIDEN NAME Winifred Baldwin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monings Lg. Mo.

17. INFORMANT (ADDRESS) Mrs. Paul Williams
Lape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mausoleum DATE Nov 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Und. Co.
Lape Girardeau Mo.

20. FILED 11-15, 1940 J.M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1940, to 11-18, 1940.
 I last saw her alive on 11-18, 1940 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 11-15-40

Other contributory causes of importance: g.d.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Frank W. Hall, M. D.
 (Address) Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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

J. W. Ruster

Licensed Embalmer No. *3980*

P. O. Address *Cape Girardeau, 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.