

FILED FEB 17 1941

Registration District No. 5767 Primary Registration District No. 5767 Registrar's No. 4

1. PLACE OF DEATH: Mississippi
 (a) County Mississippi
 (b) City or town Rural Wolf Island
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 12 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 14 Miles Southeast of E. Prairie
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Williams
 (b) If veteran, name war _____
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 22
 year 1941 hour 4 minute P.M.

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sonnie Williams
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Feb 18 1890
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on 1/20, 1941 to 1/20, 1941
 that I last saw ER alive on 1/20, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 11 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 1 da
 Due to _____

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

Due to hypertension DK.
 Other conditions (Include pregnancy within 3 months of death) 6/28

10. Usual occupation Keeping house
 11. Industry or business self

Physician _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Tom Bright
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Angela Bright
 15. Birthplace Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant Sonnie Williams
 (b) Address East Prairie Mo. Rt 2
 17. (a) Rural (b) Date thereof Jan 24 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove

Major findings: _____
 Of operations _____
 Of autopsy _____

18. (a) Signature of funeral director James Shelby
 (b) Address East Prairie Mo.
 19. (a) Jan 24 1941 (b) Mud M Hodges
 (Date received local registrar) (Registrar's signature)

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?
811 (Specify type of place) (c) Means of injury

23. Signature E. Charles (M.D. or other) D
 Address Charleston Mo Date signed 1/27/41

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

760

RECEIVED
District Health Officer No. 2
District File Number 241-26
Date Filed 2/14/41

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.....

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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, fact should be so stated above.