

Dr. P. R. P. 77771

State File No. _____

Registrar's No. 81

Registration District No. 65-1

Primary Registration District No. 0-862

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Little Prairie Rural
(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 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru
(c) City or town Cauthersville Rural
(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 Joe Williams

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Williams
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased 12 6 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 5 If less than one day hr. _____ min.

9. Birthplace 1. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farms

MOTHER FATHER { 12. Name John Williams
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace Q.
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Williams
(b) Address Cauthersville Mo R.F. 1

17. (a) Burial (b) Date thereof 2-12-1941
(Burial, cremation) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. J. Smith
(b) Address Cauthersville Missouri

19. (a) Feb. 24, 1941 (b) E. A. Martens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 1941 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb. 1 - 1941, to Feb. 11 - 1941; that I last saw him alive on Feb. 8 - 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pyelitis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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? 545
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. P. Union (M. D. or other) 0
Address Cauthersville, Mo. Date signed 2-11-41

Duration Don't know
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

3-41-6

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.