

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 653 Primary Registration District No. 5871 Registrar's No. _____

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscott
(c) City or town Solber - 9
(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.? 1 years.

3. (a) PRINT FULL NAME George Williams
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11 year 41 hour 12 minute 30 M.

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Mae Williams 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Nov 5 - 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 41 to Mar 11, 1941, to _____, 19____; that I last saw him alive on Feb 25, 1941;

8. AGE: Years 52 Months 4 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Leaky of Aortic valve in heart complicated with nephritis (acute)
Due to Cont. day

9. Birthplace Alabama - 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farm work

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Unobstantals 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unobstantals 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

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? _____
While at work? 9 410 (Specify type of place) (e) Means of injury _____

16. (a) Informant Ethel Mae Williams
(b) Address Solber, Mo.
17. (a) Solber - Rural (b) Date thereof 3-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Solber
18. (a) Signature of funeral director West Funeral Home
(b) Address Solber, Mo.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Duration _____
Underline the cause to which death should be charged statistically.
23. Signature J. C. McLean (M. D. or other) _____
Address Solber, Mo. Date signed 3-15-41

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

MOTHER FATHER

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15405

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Peppercot
(b) City or town Bragadocia T.P.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Geo. Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color of race Black

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

6. (b) Name of husband or wife Ethel May Williams

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

7. Birth date of deceased Nov 5 1888

(Month) (Day) (Year)

8. AGE:

Years 52 Months 4 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

Farm work

11. Industry or business _____

12. Name

unobtainable

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

Ethel May Williams

(b) Address

Bobine mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

3-16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation

Gables

18. (a) Signature of funeral director

Walt Funeral Home

(b) Address

317 Wheeler Ark

19. (a) 6/22/41

(Date received local registrar)

(b)

Pearl Valley (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year _____ hour _____ minute _____ 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 Leaky aortic valve in heart. Complicated with nephritis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature D.C. McKeown (M. D. or other)

Address Holland mo Date signed _____

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

MOTHER FATHER

S-15405