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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MOISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19695
State File No. ~~17299~~

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 139

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton Mo.
(c) Name of hospital or institution: State Hospital #1
(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 yrs. 7 mo. years, months or days

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1st year 1941 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Apr. 12 1941, to May 1 1941, that I last saw her alive on May 1 1941 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife D.K. 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death
Bronchitis pneumonia following
Due to Diphtheria
Due to Kid. Luffen Bowler
Other conditions Mal. nutrition
(Include pregnancy within 3 months of death)

8. AGE: Years 35 Months 4 Days 12 hr. _____ min. _____
9. Birthplace Cooper Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House wife

MOTHER FATHER
12. Name Harvey Clarkson
13. Birthplace Cooper Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Coleman
15. Birthplace Cooper Co. Mo. (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy Mal. nutrition
Bronchitis Pneumonia

16. (a) Informant State Hosp. Record
(b) Address Fulton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital grounds
18. (a) Signature of funeral director B. V. Thomas
(b) Address 302 Market St Fulton Mo
19. (a) May 7, 1941 (Date received local registrar) (b) R. N. Creeva (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John J. Black (M. D. or other) _____
Address Fulton Mo. Date signed 5-5-41

(Licensed Embalmer's Statement on Reverse Side)

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

4
1
2

14
1
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.