

2
4-41
7-39
X26390

Registration District No. 667

Primary Registration District No. 4361

Registrar's No. 58

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville, Mo.
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville, Mo. 672
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 60

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES HARRIS WILLIAMS

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 23, year 1941, hour 2, minute 45 P.M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Gloria Williams 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 2 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1936 to Sept. 23 1941, that I last saw him alive on Sept. 22 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound in left temporal region of head suicide Duration _____

8. AGE: Years 47 Months 4 Days 21 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Petrol Mechanic

Other conditions C.N.S. Lesion 16 yrs
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Marian Williams

13. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

14. Maiden name Anna Gansel

15. Birthplace Gansel Landing Ark
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 1640

Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Williams

(b) Address Portageville Mo

17. (a) Burial (b) Date thereof 9-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Arthur Funeral Director

(b) Address Portageville Mo

19. (a) 9-28-1941 (b) Mary W. Cook
(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) Suicide

(b) Date of occurrence 9-23-1941

(c) Where did injury occur Portageville, New Madrid, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) Means of injury Pistol shot

23. Signature John J. Fillion (M. D. or other) _____

Address Portageville, Mo Date signed 9-26-41

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

RECEIVED

District Health Office No. 2,

District File Number 1041-1328

Date Filed 10/2/41

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

Noel C. Dean

....., Registered Apprentice No.

working under my personal supervision.

Signed

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville Mo

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.