

S. No. 2
4-13-40
5-17-39
I X23199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39014

State File No.

FILED DEC 12 1941

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 112

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

1. PLACE OF DEATH

(a) County Pemiscot
(b) City or town Caruthersville, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. S.A. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CLARENCE WILLIAMS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ratie Williams 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Dec. 13, 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ray Jabara

11. Industry or business _____

MOTHER FATHER
12. Name Harrie Williams
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Emma Jane Marshall
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henry Fields
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. J. Smith

(b) Address Caruthersville, Mo.
19. (a) Nov 4, 1941 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st year 1941 hour 10 minute - A. M.

21. I hereby certify that I attended the deceased from 10-25 1941 to 10-26 1941; that I last saw him alive on 10-26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 DAYS
Due to HYPERTENSION 3

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 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 H. J. Smith (M. D. or other) _____
Address Caruthersville, Mo. Date signed 11-3-41

12-41-18

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.....

James A. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Lanethersville, 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.