

FILED MAR 18 1942

Registration District No. 972

Primary Registration District No. 4463

Registrar's No. 4

94
3
1

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

1. PLACE OF DEATH: St Francois

(a) County St Francois

(b) City or town Elvins MO. In
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether 1)
1 (Specify whether 1)

In this community 1 (Specify whether 1)
years, months or days

3. (a) PRINT FULL NAME Lela Darline Williford

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 10 39
(Month) (Day) (Year)

8. AGE: Years 3 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Elvins (City, town, or county) Mo. (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ira Williford

13. Birthplace 1 George (City, town, or county) (State or foreign country)

14. Maiden name Bessie Mackin

15. Birthplace Salem Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ira Williford

(b) Address Elvins Mo

17. (a) (b) Date thereof 7/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayne Chapel

18. (a) Signature of funeral director Frank Smith

(b) Address Elvins Mo

19. (a) 2-20-42 (b) Byrdie S. Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Elvins Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 12, 1942 to Feb 16, 1942
that I last saw her alive on Feb 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to whooping cough

Due to _____

Other conditions (include pregnancy within 3 months of death) 9

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? _____

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

28. Signature C. H. Appleberry (M. D. or other) M.D.

Address Elvins Mo Date signed 2-22-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 342-293
Date Filed 3-11-42

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

Emerald Sparks

Licensed Embalmer No.

2639

P. O. Address

E. Miss Me

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.