

S. No. 2
M-542
v. 5-17-39
X32873

40396

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN - 8 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 989

Registration District No. 47 Primary Registration District No. 3008

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

1. PLACE OF DEATH
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution Callaway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(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 Curtis Williams

MEDICAL CERTIFICATION

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. 486-72-1452

20. DATE OF DEATH: Month Dec day 23
year 1942 hour 1 minute _____ A.M.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 11 to DEC 22, 1942
that I last saw him alive on DEC 22, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: 1907 Sept 17
(Month) (Day) (Year)

Immediate cause of death
Exhaustion
Pulmonary T.B.

8. AGE: Years 35 Months 3 Days 6
If less than one day _____ hr. _____ min.

Due to _____
Due to Pulmonary T.B.

9. Birthplace: _____
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: 13 R!
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name John Williams

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

14. Maiden name Ninnie Bledsoe

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

16. (a) Informant John Williams
(b) Address Mc Credie, Mo

17. (a) Burial (b) Date thereof Dec 26 42
(Burial, cremation, or repositment) (Month) (Day) (Year)

(c) Place: burial of cremation Crowsfoot Cem. Callaway Co. Mo
18. (a) Signature of funeral director Eli Bell
(b) Address Fulton Mo
19. (a) 12-24-1942 (b) Jour Mouschhoff
(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) _____
(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. A. Richardson (M. D. or other)
Address 529 A C and Fulton Mo (Name signed _____)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11471

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.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address..... *Fulton, 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.