V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28877

Registration District No. 237 Primary Registration District No. 5820 Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

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

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35

(c) City or town Rural (If outside city or town limits write "RURAL")

(d) Street No. ~~[illegible]~~ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Louie N. Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Dec. (Month) 27 (Day) 1942 (Year)

8. AGE: Years | Months 6 | Days 4 | If less than one day ___ hr. ___ min.

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

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name J. D. Williams
13. Birthplace Gideon (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rosella Summus
15. Birthplace Poplar Bluff (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. J. D. Williams

(b) Address Gideon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director W. L. Craig

(b) Address Malden Mo.

19. (a) July 1-43 (Date received local registrar) (b) Zuda Macon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from June 30th, 1943, to July 1st, 1943, that I last saw him alive on June 30th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis — Duration 8 days

Due to

Due to 1190

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature S. E. Mitchell (M. D. or other) M.D.

Address Malden Mo Date signed 7/2/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 843-1071
Date Filed 8-18-43

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.