

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED

*6 over see 07792-47*  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *43103*

Registration District No. *218*

Primary Registration District No. *5789*

Registrar's No. *19*

1. PLACE OF DEATH:

(a) County *MISSISSIPPI*  
(b) City or town *RURAL St James*  
(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 \_\_\_\_\_ (Specify whether)  
In this community *Life Time*  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *MISSISSIPPI*  
(c) City or town *RURAL*  
(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 *0*

3. (a) PRINT FULL NAME *CORNELL 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 *single*  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased *March 20 - 1943*  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
*8 9* hr. min.

9. Birthplace *MISSISSIPPI CO. MO.*  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name *ROY WILLIAMS*  
13. Birthplace *CHESTER CO. TENN*  
(City, town, or county) (State or foreign country)  
14. Maiden name *NINA FARVIN*  
15. Birthplace *HICKMAN KY*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Doc W Williams*  
(b) Address *Wolf Island, MO*  
17. (a) *Burial* (b) Date thereof *Nov 30 - 43*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation *Oak Grove*

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) *12-9-43* (b) *Fannie E. Bryman*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *NOV.* day *29*  
year *1943* hour *3* minute *30 A.M.*

21. I hereby certify that I attended the deceased from *No medical attendance* 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death *Suffocation*

Due to *sleeping with large child and apparently rolled*  
Due to *over on baby*

Other conditions (Include pregnancy within 3 months of death) *182-7*

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
16

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) *Accident*  
(b) Date of occurrence *Nov 29, 1943*  
(c) Where did injury occur? *Miss. 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)

23. Signature *Travis Shelby* 3 *Coroner*  
Address *Put Prairie, MO* Date signed *11-30-43*  
(City or town) (State)

*1271*

RECEIVED

District Health Office No. 2,

District File Number 1243-1557

Date Filed 12-14-43

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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 Not embalmed.....

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, fact should be so stated above.**