

FILED AUG 15 1944

Registration District No. 7

Primary Registration District No. 1200

Registrar's No. 807

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1002 Corby
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1002 Corby
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country n

3. (a) PRINT FULL NAME MELVINA F. WILLIAMS

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Floyd S. Williams
 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 6 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Howell Caton

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

14. Maiden name Hester V. Wilson

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

16. (a) Informant Mr. Florid S. Williams
 (b) Address 1002 Corby

17. (a) burial (b) Date thereof Aug 11 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mound City, Mo.

18. (a) Signature of funeral director Hester Caton & Bowman

(b) Address 319 South 10th

19. (a) 8/9/44 (b) Melvin S. Peckle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
 year 1944 hour 5 minute 40P M.

21. I hereby certify that I attended the deceased from Aug 2
 to Aug 7, 1944
 that I last saw h alive on Aug 7
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension

Duration
5 days

Due to _____
 Other conditions (include pregnancy within 3 months of death) gza!

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

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)
 (e) Means of injury _____

23. Signature M. Allaman (M. D. or other)
 Address Central 303 Date signed 8/9/44

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

1377

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

Frank A. Bowman

Licensed Embalmer No.

1710

P. O. Address

St. Joseph 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.