

FILED OCT 19 1944

Registration District No. 3.33

Primary Registration District No. 3094

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Warneta Williams

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

4. Sex F 5. Color or race C 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 5 15 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>9</u>	<u>9</u> hr. min.

9. Birthplace Sikeston Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name John Williams
13. Birthplace Memphis Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Willie Mae Martin
15. Birthplace Memphis Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Williams

(b) Address Sikeston Mo. Genl. Del.

17. (a) Burial (b) Date thereof 9/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston Mo.

19. (a) 10-11-44 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston
(If outside city or town limits, write "RURAL") 5
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 9-1-
1944 to 9-24 1944
that I last saw her alive on 9-24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Bronchial Pneumonia

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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 G.F. Waters (M.D. or other).....

Address Sikeston Mo Date signed 9-27-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No.

District File Number 1044-14

Date Filled 10-18-4

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.....

Not Embalmed

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Hunter Abbott

..... Licensed Embalmer No. 4210.....

..... P. O. Address Sikeston Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.