DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr Reeder
Dr Killen

State File No. 41716

Registration District No. 241 Primary Registration District No. 5828 Registrar's No. 49

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural — Portage
(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)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 17 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi West of Portageville
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Reta Murle Williams
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex 1
5. Color or race White
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 June (Month) 18 (Day) 1943 (Year)

8. AGE: Years 1 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Alamo (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Robert Williams 0
13. Birthplace Cooter (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nevada James Williams
15. Birthplace (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Robert Williams
(b) Address "Rural" Portageville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery
18. (a) Signature of funeral director
(b) Address Portageville Missouri
19. (a) 11-18-1944 (Date received local registrar) (b) Ellen DeLuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1944 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased ~~from~~
On Nov 14, 1944 to , 19 ;
that I last saw her alive on Nov 14, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Whooping Cough complicated with Staphylococcus
Due to Pneumonia
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 J. L. Masters (M. D. or other)
Address Hayti Mo Date signed 11-18-44

1360

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1244-16
Date Filed 12-14-44

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville Missouri

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

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

o. 2B
-5-43
X36930

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

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BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

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(a) County New Madrid

(b) City or town Rural Portage Twp
(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)

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

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Reta Mule Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 18 19 (Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

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and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-41716 1944