

Registration District No. 239

Primary Registration District No. 58 J. 5 4 3

Registrar's No. 56

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma
(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 5 yrs (Specify whether years, months or days)
In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Parma (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

8. (a) PRINT FULL NAME DAVID-SYLVESTER WILLIAMS
(b) If veteran, name war MC (c) Social Security No. None
4. Sex M 5. Color of White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eda Williams 6. (c) Age of husband or wife if alive 25 years (Month) (Day) (Year)

20. DATE OF DEATH: Month May day 9 year 1946 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 7, 1944 to May 9, 1946; that I last saw him alive on May 8, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death: Cardiac Decomp

8. AGE: Years 74 Months 8 Days 14 If less than one day _____ hr. _____ min.
9. Birthplace: Pope County, Ill. (State or foreign country)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 750
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name G. D. Williams
13. Birthplace Ill. (State or foreign country)
14. Maiden name Sarah Gibbs
15. Birthplace Ill. (State or foreign country)

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 _____

16. (a) Informant's own signature Mrs. Eda Williams
(b) Address Parma, Mo.
17. (a) Burial (b) Date thereof 5/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Interment
18. (a) Signature of funeral director Walter J. Ford
(b) Address Parma, Mo.
19. (a) 5-10-46 (b) As requested (Date received local registrar) (Registrar's signature)

23. Signature Geo W. Huston (M. D. or other)
Address Parma Mo Date signed 5/14/46

Rev. 5-1-41 110311 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2,

District File Number 646-692

Date Filed 6-6-46

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.