

FILED JUN 10 1946

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pemscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Come 5th Carlton ave. 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 2 year. years, months or days

3. (a) PRINT FULL NAME

Helen 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

Married

6. (b) Name of husband or wife

Henry A. Williams

6. (c) Age of husband or wife if

alive 72 years

7. Birth date of deceased

May (Month)

20 (Day)

1874 (Year)

8. AGE:

Years 72

Months 0

Days 4

If less than one day

hr. min.

9. Birthplace

Lansett

(City, town, or county)

MO.

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

John P. Walker

13. Birthplace

North Carolina

(City, town, or county)

(State or foreign country)

14. Maiden name

Mattie D. Honeig

15. Birthplace

Pettis Co.

(City, town, or county)

MO.

(State or foreign country)

16. (a) Informant

Henry A. Williams

(b) Address

Caruthersville, Mo.

17. (a)

Removal
(Burial, cremation, or removal)

(b) Date thereof

May 26 - 1946
(Month) (Day) (Year)

(c) Place: burial or cremation

Lansett, Mo.

18. (a) Signature of funeral director

L. A. Fargel Ind. Co.

(b) Address

Caruthersville MO

19. (a)

5-25-46
(Date received from registrar)

(b)

Fred B. Heikel
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot 78
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 54 Carlton ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 01 minute 15 P. M.

21. I hereby certify that I attended the deceased from March
1 1946 to May 24 1946
that I last saw her alive on May 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction

Duration

3 or 4 days

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

W. H. Cairns (M. D. or other)

Address Caruthersville Mo

Date signed 5/25/46

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

16456

5-46-105

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. Deau

Licensed Embalmer No. 3941

P. O. Address Cumtucket, Me.

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.