DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31091

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Dunnegat

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 705 Ferguson ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunnegat 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 705 Ferguson 2
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Arabelle Kennedy 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 Widow

6. (b) Name of husband or wife None

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

7. Birth date of deceased Nov. (Month) 13 (Day) 1865 (Year)

8. AGE: Years 80 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Union Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Hawkins Kennedy
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ____ (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charles McCulley
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Little prairie Cemetery

18. (a) Signature of funeral director La Forge Und. Co.
(b) Address Caruthersville Mo.

19. (a) 10-3-46 (Date received local registrar) (b) Fressie B. Wilke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1946 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept. 22 -, 1946, to Sept. 23, 1946 that I last saw her alive on Sept. 22 -, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 Days
Due to: Fracture of hip ✓	2 wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations ____ Of autopsy ____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

22. If death was due to external causes, fill in the following: 78

(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 0

23. Signature J. R. Union (M. D. or other)

Address Caruthersville, Mo. Date signed 9-23-46

241 (Licensed Embalmer's Statement on Reverse Side)

10-46-210

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 the above constitutes grounds for revocation of license.)

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. act

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(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 Arabelle K. Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 13 (Day) 1866 (Year)

8. AGE: Years 80 Months 10 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 23
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
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)	

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) Accident ✓

(b) Date of occurrence Sept. 1-1946 ✓

(c) Where did injury occur? Caruthersville (City or town) Pemiscot (County) Mo. (State) ✓

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In her home (Specify type of place)

While at work? No (e) Means of injury Fall ✓

23. Signature J. R. Pinion (M. D. or other)

Address Caruthersville, Mo. Date signed 9-10-46

SUPPLEMENTARY

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

29922

31091