

S. No. 2
OM-2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34254**

Registration District No. **241**

Primary Registration District No. **5828**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No.
Specify whether

In this community 25 years about
years, months or days

3. (a) PRINT FULL NAME Adelia Williams

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Boston Williams

6. (c) Age of husband or wife if 9 years 1885

7. Birth date of deceased April (Month) 9 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>			hr. min.

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

10. Usual occupation Housewife

11. Industry or business ✓

12. Name unk

13. Birthplace unk unk
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant Spencer Jennings

(b) Address St. Louis

17. (a) Burial (b) Date thereof Oct 12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic

18. (a) Signature of funeral director Richard's Mort Co.

(b) Address New Madrid, Mo.

19. (a) 10-19-46 (b) Ellen De Lisle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town St. Pleasant
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1946 hour 12:45 minute P.M.

21. I hereby certify that I attended the deceased from Only Sept. 30th, 1946 to _____ 19____
that I last saw her alive on Sept. 30 46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast **Duration** _____

Due to Usual cause

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:

Of operations 50

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 0

23. Signature A. D. Parker (M. D. or other) _____

Address Pontecorville Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 1041 1278

Date Filed 10-29-41

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 Les Hedyapeth

Licensed Embalmer No. 3803

P. O. Address New Madrid Mo

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.