

FILED NOV 1 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 316

Primary Registration District No. 3054

328

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bonne Terre Hospital
(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 Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CAROLYN 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 Single

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

7. Birth date of deceased Oct. 17 1946
(Month) (Day) (Year)

8. AGE: Years 8 Months 0 Days 0 If less than one day hr. 45 min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Ceceth Cecel Williams

13. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Parrish

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

16. (a) Informant Emma Williams

(b) Address Farmington R-4 Missouri

17. (a) burial (b) Date thereof Oct 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Chas. F. ...

(b) Address Poplar Bluff Mo

19. (a) 10-19-46 (b) Esther Ruslow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th 1946
year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 17 1946 to Oct 17 1946;
that I last saw her alive on Oct 17 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Birth injury
Contus cranium hemorrhage

Due to Difficult labor

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 16

Of autopsy _____

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 Chas. F. ... (M. D. or other) MD

Address Plus River MO Date signed 10-17-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4
2
1

33399

RECEIVED

Health Officer No. 4

File Number 1046-2791

Date Filed 10-28-46

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 *N. S. Phelps*

Licensed Embalmer No. 3231

P. O. Address *Poplar Bluff, 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.