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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41828**
Registrar's No. **406**

Registration District No. **316** Primary Registration District No. **6075**

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

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **38 yrs. 9 mos. 11**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **EMMA WILLIAMS**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **N. F. Williams**
6. (c) Age of husband or wife if alive **Deceased 1943** years
7. Birth date of deceased **June 7, 1860**
(Month) (Day) (Year)

8. AGE: Years **86** Months **5** Days **26**
If less than one day
hr. min.

9. Birthplace **Cape Girardeau Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Unknown Stout**
13. Birthplace **Cape Girardeau Co., Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Cape Girardeau Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **12-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hospital Cem., Farmington, Mo.**

18. (a) Signature of funeral director **Berl J. Miller**
(b) Address **Farmington, Missouri**

19. (a) **12-30-46** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape Girardeau 94**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unknown**
(If rural, give location)
das.
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3**,
year **1946** hour **3:00** minute **00** P. M.

21. I hereby certify that I attended the deceased from
April 24, 1925 to **Dec. 3, 1946**
that I last saw her alive on **Dec. 3, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Arteriosclerosis -
Generalized + marked**
Due to

Due to
Other conditions **Psychosis Terminal**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **No autopsy.**

Duration
40 yrs
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 **Dr. J. L. Doctr** (M. D. or other)
Address **Farmington** Date signed **12/14/46**

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1-6-47

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Bert J Miller*.....
Licensed Embalmer No. *3752*.....
P. O. Address *Farmington, 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.