

V. S. No. 2
 OOM-5-43
 Rev. 5-17-39
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DEPARTMENT OF HEALTH
 BUREAU OF THE VITAL STATISTICS
FILED JAN 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **489**
 Registrar's No. **11**

Registration District No. **53** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
 (a) County **Cape Girardeau**
 (b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
227 S. Fountain St.
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **1 month**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charlie Felp Williams**
 3. (b) If veteran, name war **-----** 3. (c) Social Security No. **725-16-1293**

4. Sex **Male 2** 5. Color or race **Negro** 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 **Sept. 18** **about 1915**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	31	3	23	----- hr. ----- min.

9. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer** **1**

11. Industry or business **Railroad**

MOTHER FATHER

12. Name **Joe Williams** **9**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Pearl Robinson** **9**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Shelly**

(b) Address **209 S. Fountain, Cape Girardeau, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 11, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **Z. D. Sparks**
 (b) Address **Cape Girardeau, Mo.**
 19. (a) **1-18-1947** (Date received local registrar) (b) **G. G. Summers** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Unknown** **16**
 (c) City or town **Unknown** **4-**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Unknown** **0**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-----**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **10**
 year **1947** hour **7:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 9th**, 19**47**, to **Jan 10th**, 19**47**
 that I last saw him alive on **Jan 9th**, 19**47**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric ulcer.** **2 1/2 weeks**
 Duration

Due to **-----**
 Due to **-----**

Other conditions **-----**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **117A**
 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)
 Means of injury **-----**

23. Signature **G. G. Summers** (M. D. or other)
 Address **Cape Girardeau, Mo.** Date signed **1-11-47**

RECEIVED

Health Officer No. 4

Health Officer No. 147-135

Date Filed 1-27-47

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Frank Spinks*

Licensed Embalmer No. *3455*

P. O. Address *Capt. Guardian*

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.