

FILED MAY 14 1947

Registration District No. 217

Primary Registration District No. 5787

Registrar's No. 53

1. PLACE OF DEATH:

(a) County ~~Missouri~~ Mississippi
(b) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2, Box 14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (8 hrs.) (Specify whether
In this community life (8 hrs.) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Patricia Ann Williams

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 3. 5. Color or race Negro 6. (a) Single, widowed, married, divorced (Infant)

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

7. Birth date of deceased May 4, 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	No	No	No	8 hr. min.

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

10. Usual occupation -----

11. Industry or business -----

12. Name Jerry Williams

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

14. Maiden name Mabel Rogers

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

16. (a) Informant Jerry Williams

(b) Address R. 2, Box 14, Charleston, Mo.

17. (a) Burial (b) Date thereof May 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Charleston, Missouri

19. (a) 5-10-47 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 14
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from birth
May 4, 1947 to death, May 4, 1947
that I last saw her alive on May 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to 8 months Pregnancy

Due to -----

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

Major findings: 159
Of operations -----

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 -----

23. Signature Ella Lett, Midwife or other -----

Address Sikeston Route Box 175A Date signed 5/6/47

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

1-45
7-39
K47070

67
0
0

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

RECEIVED

District Health Office No. 2

District File Number 542-74

Date Filed 5-12-42

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 Sparks

Licensed Embalmer No. 3455

P. O. Address..... Cape Girardeau

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.