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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 43

Primary Registration District No. 4059

Registrar's No. 448

1. PLACE OF DEATH

(a) County Butler
(b) City or town Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Transient _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Randolph
(c) City or town Pocahontas 991
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Robert Lee Williford
3. (b) If veteran, name war WWII
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 14
year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 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

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased January 13 1924
(Month) (Day) (Year)
8. AGE: Years 23 Months 11 Days 1
If less than one day _____ hr. _____ min.

Immediate cause of death Fracture skull Lacerations over entire body
Due to _____

9. Birthplace Pocahontas Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Porter

Due to Hit by train while passing in automobile crossing public Rail Road crossing
Other conditions _____ (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name Sam Williford
13. Birthplace Ravenden Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Looney
15. Birthplace Fort Smith Arkansas
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy 11 23
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Mildred West
(b) Address Walnut Ridge, Arkansas
17. (a) Burial (Burial, cremation, or removal) Date thereof 12-18-47
(Month) (Day) (Year)
(c) Place: burial or cremation Friendship Cemetery, Pocahontas Ark.
18. (a) Signature of funeral director V. S. McNabb
(b) Address Pocahontas, Arkansas
19. (a) 1-9-48 (Date received local registrar) (b) R. Mueller (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 12/14-47
(c) Where did injury occur? Neelyville (City or town) no (County) no (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cubic Rail road crossing
While at work? no (Specify type of place) (e) Means of injury hit by train
Signature Sam Williford (Mortician)
Address Poplar Bluffs Date signed 1/5-48

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

RECEIVED
District Health Office No. 2;
District File Number 148-70
Date Filed 1-12-48

JAN 16 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.