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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20227**

FILED JUL 7, 1948

Registration District No. **240**

Primary Registration District No. **58474357**

Registrar's No. **20**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Merston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Dixie Williams

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female 5. Color or race Colored

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Sept - 16 - 1882
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 2 If less than one day hr. min.

9. Birthplace New Madrid, Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business ✓

12. Name Richard Evans

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

14. Maiden name Walterheadwell

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

16. (a) Informant David Evans

(b) Address Portaquillo R.I.

17. (a) Burial (b) Date thereof 5/23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evans Cemetery

18. (a) Signature of funeral director Richard W. Co.

(b) Address New Madrid Mo.

19. (a) 7-5-48 (b) N. L. Ponder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural 4 miles East of
(If outside city or town limits, write "RURAL")

(d) Street No. Merston Rd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 12:45 minute AM

21. I hereby certify that I attended the deceased from April 14 1947, to May 18 48;
that I last saw h. alive on May 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 Hours

Due to Hypertension and a Cerebral Hemorrhage age 48 yrs 13 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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) (e) Means of injury

23. Signature Claude M. Riem (M. D. or other)

Address Merston Mo. Date signed 5-18

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 *L. H. Aquino*.....

Licensed Embalmer No. *3903*

P. O. Address *New Madrid, 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.