

APR 1940  
 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12291

Registration District No. 780 Primary Registration District No. 6028 State File No. \_\_\_\_\_ Registrar's No. 17

1. PLACE OF DEATH:  
 (a) County STE. GENEVIEVE  
 (b) City or town RURAL JACKSON TOWNSHIP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether \_\_\_\_\_)  
 In this community 5400  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County STE. GENEVIEVE  
 (c) City or town RURAL JACKSON TOWNSHIP  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME CANDIES WILLIAMS 4520  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MARCH day 29  
 year 1940 hour 5 minute 5 P. M.  
 21. I hereby certify that I attended the deceased from MARCH 28  
1940 to MARCH 29, 1940  
 that I last saw her alive on MARCH 29  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife JAMES W. WILLIAMS 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased DEC 22 1892  
 (Month) (Day) (Year)

Immediate cause of death Cardio-Vascular Renal Disease Duration 1925

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Due to 1940  
 Other conditions Uremia (Include pregnancy within 3 months of death) 1940

9. Birthplace MONROE CO. MISS.  
 (City, town, or county) (State or foreign country)

10. Usual occupation HORSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN 4  
 13. Birthplace UNKNOWN UNKNOWN  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name BETTY HARMON  
 15. Birthplace MONROE CO MISS  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature James W. Williams  
 (b) Address 1311 Chicago St MO

17. (a) AMORY MISS (b) Date thereof 4-1-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation AMORY MISS.

18. (a) Signature of funeral director Beal. Bagler  
 (b) Address Ste Genevieve Mo

19. (a) Mar 30/40 (b) T. W. Douglas  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Arthur E. Sawyer (M. D. or other) MD  
 Address Ste Genevieve Mo Date signed 3-30-40

**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.....

Les C. Basler....., Registered Apprentice No.....  
working under my personal supervision.

Signed Les C. Basler

Licensed Embalmer No. 1985

P. O. Address St. Louis, 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, above space should be left blank.**