FILED MAY 8 1940

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15507

Registration District No. 566 | Primary Registration District No. 5762 | Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Wyatt

(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: D (Specify whether years, months or days)

In this community: 6 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: Wyatt, Mo.

(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: Charles Allen Infant Williams 452

3. (b) If veteran, name war: X X X

3. (c) Social Security No.: X X X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife: X X X

6. (c) Age of husband or wife if alive: X X X years

7. Birth date of deceased: April (Month) 15 (Day) 1940 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 6 hr. ____ min.

9. Birthplace: Wyatt (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: Infant

MOTHER FATHER

12. Name: Allen Lee Williams

13. Birthplace: Pike County (City, town, or county) Illinois (State or foreign country)

14. Maiden name: Ella Mae Brumley

15. Birthplace: Charleston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Allen Lee Williams

(b) Address: Wyatt, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Charleston, Mo.

18. (a) Signature of funeral director: Lair-Nunnelee Service

(b) Address: Charleston, Mo.

19. (a) 4-16-40 (Date received by local registrar) (b) T A Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th. year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death) 164	
Major findings: Of operations	
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? 745

While at work? (Specify type of place) (e) Means of injury

23. Signature: E. Chas Kolwing (M. D. or other)

Address: Charleston Mo. Date signed 4/16/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 540-983
Date Filed 5/2/40

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.....

....., 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, above space should be left blank.