

No. 2  
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17-59  
X21492

OPEN AUG 3 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25840

Registration District No. 604

Primary Registration District No. 5-805

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural, La Bessie, Mo  
(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  
In this community About 15 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME VEOLA WILLIAMS-452

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 5. Color or race Caucas  
6. (b) Name of husband or wife G. J. Jennings 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased July (Month) 12 (Day) 1922 (Year)

8. AGE: Years 18 Months 0 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Portageville, R.1 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business No

MOTHER FATHER { 12. Name Robert Williams  
18. Birthplace Mo Ark (City, town, or county) (State or foreign country)  
14. Maiden name Lucie Brown  
15. Birthplace New Madrid, Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant G. J. Jennings  
(b) Address Portageville, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof July 13 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Port R. Ossant, Mo

18. (a) Signature of funeral director Richards and Co  
(b) Address New Madrid, Mo.

19. (a) 7/27/40 (Date received local registrar) (b) Wm O. Brandon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Rural, 3 1/2 E. E. Marston (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1940 hour 10:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from July 11 1940 to July 11 1940; that I last saw him alive on July 11 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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? 533

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

23. Signature Claude M. Rann (M. D. or other) \_\_\_\_\_  
Address Marston Road Date signed 7-40

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

RECEIVED

District Health Officer No. 2,

District File Number 840-12

Date Filed 8/1/40

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.....

Leo Hedgcock....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leo Hedgcock.....

Licensed Embalmer No. 3803

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, above space should be left blank.