

No. 2
11-10-39
17-39271
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29811**

AUG 9 1940
Registration District No. **821**

Primary Registration District No. **4553**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Sikeston**
(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) **2**
(d) Length of stay: In hospital or institution **nine months**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Eliza Williams** **452**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **C** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **TOM WILLIAMS** 6. (c) Age of husband or wife if alive **14** years **1899**

7. Birth date of deceased **June 14 1899**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	0	18	hr. _____ min. _____

9. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Unknown** **9**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Unknown** (City, town, or county) (State or foreign country) **9**

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

16. (a) Informant **Mattie Freeman**

(b) Address **Sikeston, Mo.**

17. (a) **Burial** (b) Date thereof **7-2-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **Harvey Johnson**

(b) Address **Sikeston, Mo.**

19. (a) **8-6-40** (b) **W. W. Bennett**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Sikeston**
(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 **2**
year **1940** hour **8** minute **00** **A** M.

21. I hereby certify that I attended the deceased from _____, 19____;
No doctor attended
that I last saw her **ER** alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
Due to **(According to history of Case)**
Consequence
Due to **Edema of lower extremities**
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations **93C**
Of autopsy **none**

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? **742**
While at work? **Yes** (Specify type of place) (c) Means of injury **Scott Co.**

23. Signature **W. W. Bennett** (M. D. or other title) **Scott Co.**
Address **Charleston Mo** Date signed **7-2-40**

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

RECEIVED

District Health Officer No. 2

District File Number 840-1317

Date Filed 8/7/40

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 Harvey Johnson

Licensed Embalmer No. 3704

P. O. Address Beleston, 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.