

No. 2
11-10-39
-17-3
I X21952

FILED OCT 12 1940

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WATER STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days) **LIFE**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **WATER STREET**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21**
year **1940** hour **9** minute **24 P. M.**
21. I hereby certify that I attended the deceased from **July 30**
_____, 19**40**, to **Sept 21**, 19**40**,
that I last saw her alive on **Sept 18**, 19**40**,
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **MRS. FLORENCE WILLIAMS**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JAN. 15 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **6** If less than one day hr. _____ min. _____

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business **HOME**

12. Name **ROBERT TOMPKINS**

13. Birthplace **BOONVILLE MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Ross Bailey**
(b) Address **Boonville**

17. (a) **BURIAL** (b) Date thereof **SEPT. 24 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**
STEGNER & KOENIG
(d) Signature of funeral director **BOONVILLE, MO.**

(e) Address _____
19. (a) **9-23-40** (b) **St. Hooper**
(Date received local registrar) (Registrar's signature)

Immediate cause of death

Cerebral Hemorrhage Duration **2 months**
Due to **General Arteriosclerosis** unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) **g. d. v.**

PHYSICIAN _____
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? _____

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

23. Signature **J. C. Fincher** (M. D. or other) **M.D.**
Address **Boonville Mo** Date signed **Sept 23 1940**

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-40

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.