

No. 2  
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DEC 12 1940  
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Registration District No. **651**

Primary Registration District No. **4388**

Registrar's No. **112**

**1. PLACE OF DEATH**

(a) County **Barren Co**

(b) City or town **Caruthersville**  
(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 \_\_\_\_\_ (Specify whether)

In this community **16 years** (Specify whether years, months or days) **✓**

**3. (a) PRENT FULL NAME** **LETHA WILLIAMS**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. **Sex** **Female**

5. Color or race **Col**

6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife **✓**

6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

AGE	Years	Months	Days	If less than one day
<b>62</b>				hr. min.

9. Birthplace **unknown to informant**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house work**

11. Industry or business **home**

12. Name **unknown to informant**

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

14. Maiden name **✓**

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

16. (a) Informant **D. E. Williams**

(b) Address **Caruthersville Mo.**

17. (a) **Burial** (b) Date thereof **11-11-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **County farm**

18. (a) Signature of funeral director **Frieder**

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

19. (a) **Nov. 22, 1940** (b) **Cida Martin**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Barren**

(c) City or town **Caruthersville Mo**  
(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? **0** years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov** day **11**  
year **1940** hour **3 PM** M.

21. I hereby certify that I attended the deceased from **Nov 10** to **Nov 10**, 19 **40**  
that I last saw **✓** alive on **Nov 8** and that death occurred on the date and hour stated above.

Immediate cause of death **Mycocarditis**

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

Due to **1st**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? **585**  
While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature **J. S. Luten** (M. or other) **1**  
Address **Caruthersville Mo** Date signed **11/11/40**

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

12-40-31

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**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 complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**