

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 51

**1. PLACE OF DEATH:**  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (c) Name of hospital or institution: St. Francis Hospital  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 62 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Cape Girardeau  
 (c) City or town Cape Girardeau  
 (d) Street No. 408 S. Frederick St.  
 (e) Citizen of foreign country? No

**3. (a) PRINT FULL NAME** George Williams  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 10/15 day 12 year 41 hour \_\_\_\_\_ minute 25 P. M.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Velma Williams 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased Dec. 22, 1878

21. I hereby certify that I attended the deceased from 10/12 to 10/15 1941  
 that I last saw him alive on 10/15/41 1941  
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 9 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace Cape Girardeau, Mo.  
 10. Usual occupation COOK

Immediate cause of death Tumor of kidney  
CHYPER NEPHROSIS  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 520  
 Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Alexander Williams  
 13. Birthplace Florence, Ala.  
 14. Maiden name Amanda (Unknown)  
 15. Birthplace Unknown  
 16. (a) Informant Mrs. Velma Williams  
 (b) Address 408 S. Frederick St.  
 17. (a) Burial (b) Date thereof Oct. 17, 1941  
 (c) Place: burial or cremation Fairmont Cemetery  
 18. (a) Signature of funeral director F. J. Sparker  
 (b) Address Cape Girardeau, Mo.  
 19. (a) 10/16-41 (b) F. W. Phelps

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? \_\_\_\_\_  
 While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Cape Girardeau Date signed 10/17/41

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

16  
14

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Frank Sparks  
Licensed Embalmer No. 3455  
P. O. Address Cape Girardeau

**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, fact should be so stated above.**