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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1941

Registration District No. 566

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38868

Primary Registration District No. 5762

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town WYATT [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NO. STREET NUMBERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67

(c) City or town NO. STREET NUMBERS 0
(If outside city or town limits, write "RURAL")

(d) Street No. WYATT, MO. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HAROLD RAYMOND WILLIAMS

3. (b) If veteran, name war X X X X

3. (c) Social Security No. X X X

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife X X X X

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

7. Birth date of deceased NOV. (Month) 4 (Day) 1941 (Year)

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

9. Birthplace WYATT (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business INFANT

FATHER
12. Name HAROLD R. WILLIAMS
13. Birthplace NOT KNOWN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name THELMA FORRESTER
15. Birthplace CROSNO (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant YEURA ELROD

(b) Address WYATT, MO.

17. (a) 11-12-41 (Burial, [redacted]) (b) Date thereof 11-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON

18. (a) Signature of funeral director Lair Nunnelee

(b) Address Charleston Mo.

19. (a) 11-19-41 (Date received local registrar) (b) F D Vernon (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12
year 1941 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 4 - 1941
November 4, 1941, to Nov 12, 1941
that I last saw him alive on November 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death 158 Congenital debility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

158

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature George W. Whitaker (M. D. [redacted])

Address East Prairie Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1241-1632
Date Filed 12/5/41

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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.