

JAN 12 1942

Registration District No. 653

Primary Registration District No. 5864

State File No. _____

Registrar's No. 81

1. PLACE OF DEATH:
(a) County Polk
(b) City or town near Hayti, Mo
(If outside city or town limits, write "RURAL" and name of township) 0
(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 Life years, months or days _____

3. (a) PRINT FULL NAME Sandra Gene Williams

3. (b) At veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years _____

7. Birth date of deceased 12-20-1941 (Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days _____ If less than one day _____ hr. _____ min. _____

9. Birthplace near Hayti, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business _____

12. Name J. C. Phillips

13. Birthplace Camden, Tenn (City, town, or county) (State or foreign country) 0

14. Maiden name Clark

15. Birthplace _____ (City, town, or county) (State or foreign country) 0

16. (a) Informant J. C. Phillips

(b) Address Hayti, Mo

17. (a) Burial (b) Date thereof 12/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director A. G. Shive

(b) Address Camden, Tenn

19. (a) 12/25/41 (b) Pearl Kelley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Polk
(c) City or town near Hayti, Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1941 hour 11 AM minute _____ M. Dec 25

21. I hereby certify that I attended the deceased from Dec 20, 1941, to Dec 25, 1941; that I last saw her alive on 12-20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Branchial pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature A. G. Shive (M. D. or other) 0

Address Hayti, Mo. Date signed 12-25-41

MOTHER FATHER

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1-42-3

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.....

This body was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

[Handwritten Signature]

Licensed Embalmer No. *3990*

P. O. Address *Carruthers*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42661

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. _____

1. PLACE OF DEATH Pemiscot
 (a) County Pemiscot
 (b) City or town Hoyt
 (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 _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Pemiscot
 (c) City or town Hoyt, MO #2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sandura S. Williams
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec Day 20 Year 1941 Hour 2 Minute 0 A.M.
 21. I hereby certify that I attended the deceased from Dec. 20 1941 to Dec. 20 1941; that I last saw him/her alive on Dec. 20 1941; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 20 1941
 (Month) (Day) (Year)

Bronchial Pneumonia
 Due to _____
 Due to _____
 Other conditions no
 (Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ (If less than one day, min.)
 9. Birthplace Hoyt, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation farmer
 11. Industry or business _____
 12. Name S. C. Williams
 13. Birthplace Pemiscot
 (City, town, or county) (State or foreign country)
 14. Maiden name Clara Lester Tucker
 15. Birthplace Ark.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
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MOTHER FATHER {
 16. (a) Informant father - C. J. Williams
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation friend's neighbor
 18. (a) Signature of funeral director friend's neighbor
 (b) Address _____
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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 affiliated (M. D. or other) _____
 Address Hoyt, MO Date signed 2-23-41

TABLE 1 (REVISED 1-1-41) USE ON APRIL 1941 DEATH RECORDS - PREPARED BY THE BUREAU OF THE CENSUS

S-42661