S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7367

Registration District No. 604 Primary Registration District No. 4358 Registrar's No. 34

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

2
4
0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town New Madrid (If outside city or town limits, write "RURAL")

(d) Street No. S.W. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ivy Eugene Williams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Williams 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May (Month) 10 (Day) 1874 (Year)

8. AGE: Years 67 Months 10 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Cotton Dealer

11. Industry or business .....

FATHER
12. Name Pete Williams
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mannie Hayes
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Sallie Williams

(b) Address New Madrid, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) Mar. 18, 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

2.5
2.3/42

1031

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1942 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-6-42 3-17 42, 19..., that I last saw him alive on 3-17-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pescuar Anemia	6 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 730	

Major findings:
Of operations .....
Of autopsy .....

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 0

23. Signature D. P. Edmundson (M. D. or other)

Address New Madrid Date signed 3-18-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1942

MAR 23 19

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 A. Osburn

Licensed Embalmer No. 4185

P. O. Address Lawrenceville, N

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.