

FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10159

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 10 3 35
 (b) Township Harnersville Mo Primary Registration District No. 4175 0 Registered No. 10
 (c) City Harnersville Mo (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

ELLEN JOHANNA WILLIAMS
 (a) Residence, No. 0 St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Willidius
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1866
 7. AGE YEARS 76 MONTHS 8 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Wife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 9

FATHER 13. NAME Frank Leming

14. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Margaret Leming

16. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY) 1

17. INFORMANT Shelma Goodwin (ADDRESS) Harnersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE State DATE Mar. 9 1943

19. FUNERAL DIRECTOR (NAME) W. J. Emery & Co (ADDRESS) Harnersville Mo

20. FILED 3-10-43 Linden B. Perkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1943

22. I HEREBY CERTIFY That I attended deceased from Feb 4 1943, to March 8 1943
 I last saw her alive on March 7 1943. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Nov. 41
Organic disease (?)

Other contributory causes of importance: Fractured hip

Name of operation 186 ad Date of
 What test confirmed diagnosis? 18 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell on floor
 Nature of injury fractured hip joint

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) W. J. Emery & Co M. D.
 (Address) Harnersville Mo

1201

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14023

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Office No. 2

District File Number 443-44

Date Filed 4-12-43

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 comply with the above constitutes grounds for revocation of license.)

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