S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17544

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 163

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 weeks (Specify whether years, months or days)
In this community: 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Bollinger
(c) City or town: Zalma
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Allen 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: Martha Ann

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Jan (Month) 9 (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days 8 — If less than one day: hr. min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: J. A. B. Williams
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Paralee Wright
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Eli Williams
(b) Address: Sikeston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Balch Cem.

18. (a) Signature of funeral director: Baker Funeral Home
(b) Address: Lutesville, Mo.

19. (a) 5-24-43 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 17 year: 1943 hour: 3:00 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Apr 15 1943 to May 17 1943 that I last saw him alive on 5-17-1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyelonephrosis	
Due to: Hypertrophy Prostate	
Due to:	
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations: 1330	
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:

23. Signature: (M. D. or other) M.D.
Address: Cape Girardeau Mo. Date signed: 5-22-1943

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 18 1943

District Health Officer No. 4
District File Number 643-232
Date Filed 6-2-43

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

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.