. S. No. 2
M—9-4-41
5-17-39
PI X29484

67
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18439

State File No. 35

Registration District No. 297

Primary Registration District No. 5786

Registrar's No.

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town WYATT — RURAL - Ohio
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67 0

(c) City or town WYATT - RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. RFD - CHARLESTON - Ohio
(If rural, give location)

(e) Citizen of foreign country? — NO (Yes or No) 0

If yes, name country NONE

3. (a) PRINT FULL NAME OLLIE WILLIAMS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race 3 COLOR

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife BILLY WILLIAMS

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased OCTOBER (Month) 1 (Day) 1848 (Year)

8. AGE: Years 94 Months 7 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace PORT GIBSON (City, town, or county) MISSISSIPPI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business RETIRED

FATHER
12. Name LARRS WASHINGTON
13. Birthplace (City, town, or county) MISSISSIPPI (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) 9 (State or foreign country)

16. (a) Informant EUGENE ALLEN
(b) Address WYATT, MO Gen Del

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation RUSH RIDGE - WYATT MO

18. (a) Signature of funeral director John F. Nunnelee Jr
(b) Address Charleston Mo

19. (a) 6/1/43 (Date received local registrar) (b) Mrs Lou Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18
year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from 12-26-1942, to 3-2-1943
that I last saw her alive on 3-2-43, 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 mons.
Due to Chronic Nephritis	8 mons
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 b

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? Means of injury

23. Signature W. A. Fingal (M.D. or other)
Address 204 S. Locust St Charleston Mo Date signed 5-20-43

1357

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-795
Date Filed 6-8-43

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 John F. Nimmler Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston

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.