. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27913

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 266.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County New Madrid
(c) City or town Point Pleasant
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Robert Elee 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 Freddie

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

7. Birth date of deceased JAN (Month) 23 (Day) 1863 (Year)

8. AGE: Years 80 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Point Pleasant (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Retired Physician.

11. Industry or business —

FATHER
12. Name C. C. Williams
13. Birthplace — Mo (City, town, or county) (State or foreign country) O

MOTHER
14. Maiden name Charlotte Welsh
15. Birthplace — Miss. (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Freddie Williams
(b) Address Point Pleasant Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Evans Point Pleasant Mo

18. (a) Signature of funeral director Joe P Howell.
(b) Address Cape Girardeau Mo

19. (a) 8-21-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1943 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from 8-4-, 1943, to 8-15-, 1943
that I last saw him alive on 8-15-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Chr Myocarditis

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prolapsed & thrombiline hemorrhoids & rectum

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

23. Signature D. B. Elrod (M. D. or other)
Address Cape Girardeau Mo Date signed 8/16/43

1014

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1943

RECEIVED

District Health Officer No. 4

District File Number 943-2731

Date Filed 9-9-43

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 Joe S. Hornell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau 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.