

No. 2-43  
17-39  
X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37944**

FILED DEC 10 1943

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **356**

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: **Smelterville Suburb**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **(Charles) Larry Wingstaff Williams**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife: **-----** 6. (c) Age of husband or wife if alive: **-----** years

7. Birth date of deceased: **November 17, 1943**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<b>3</b>	hr. min.

9. Birthplace: **Cape Girardeau, Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **-----**

11. Industry or business: **-----**

12. Name: **Leroy Wingstaff**  
 13. Birthplace: **Penn.** (City, town, or county) (State or foreign country)

14. Maiden name: **Ida Mae Williams**  
 15. Birthplace: **Cape Girardeau, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant: **Josh Williams**  
 (b) Address: **Smelterville, S. Cape Girardeau, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **Nov. 21, 1943**  
 (Month) (Day) (Year)  
**Fairmont Cemetery**

18. (a) Signature of funeral director: **F. D. Sparks**  
 (b) Address: **Cape Girardeau, Mo.**

19. (a) **11-21-43** (Date received local registrar) (b) **F. D. Phelps** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**  
 (c) City or town **Cape Girardeau** (If outside city or town limits, write "RURAL") **016**  
 (d) Street No. **Smelterville Suburb** (If rural, give location) **1**  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country: **-----** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **20** year **1943** hour **7** minute **30** A. M.

21. I hereby certify that I attended the deceased from **-----**, 19**-----**, to **-----**, 19**-----**; that I last saw him **-----** alive on **-----**, 19**-----**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Premature birth of eight months not attended by any physician. No physician in three day illness. History shows Due to Malnutrition. Infant was unable to take nourishment from birth.**

Due to **Frank Sparks**  
**Licensed Embalmer**  
 Other conditions: **Mo. Lic. no. 3455**  
 (Include pregnancy, etc.)

Major findings: **159**  
 Of operations: **-----**  
 Of autopsy: **-----**

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?  
 While at work? **-----** (Specify type of place) (e) Means of injury **-----**  
 23. Signature **-----** (M. D. or other) **-----**  
 Address **-----** Date signed **-----**

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

MOTHER FATHER

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 1243-30  
Date Filed 12-8-43

**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.....

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, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37944  
Registrar's No. 306

Registration District No. 53 Primary Registration District No. 3010

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

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:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Charles Larry Williams  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color of race C  
6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Nov. 17  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day, \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 17 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I first saw him/her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. Phelps - Registrar (M. D. or other)  
Address Cape Girardeau Date signed 12-20-43

SUPPLEMENTARY

PHYSICIAN  
Underline the cause to which death should be charged statistically.

No.

