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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13502

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4094

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMER G PHILLIPS (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Hrs. (Specify whether

In this community 2 MOS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

(c) City or town Marianna (If outside city or town limits, write "RURAL")

(d) Street No. 3 N.R. (If rural, give location)

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

If yes, name country 22

3. (a) PRINT FULL NAME LAURA WILLIAMS

3. (b) If veteran, name war NO

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J T Williams

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 10 (Month) 29 (Day) 1885 (Year)

8. AGE: Years 58 Months 8 Days 1 If less than one day hr. — min.

9. Birthplace ABERLONE (City, town, or county) Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Manifeild Leon
13. Birthplace (City, town, or county) Tex 1 (State or foreign country)

MOTHER
14. Maiden name Harieth Jones
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant J. T. Williams
(b) Address 1619 Chestnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 3 (Day) 44 (Year)

(c) Place: burial or cremation Marianna Ark.

18. (a) Signature of funeral director Chas. Ed Birdie Howell
(b) Address 2834 Gamble

19. (a) MAY 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 10 minute 15 A.M.

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

Immediate cause of death Chronic Myocarditis Duration

Chronic Interstitial Nephritis

Due to

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Alfred Perry (M. D. or other)

Address County Coroner Date signed 5/3/44

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.