

FILED MAY 10 1944

State File No. _____

Registration District No. 35

Primary Registration District No. 3010

Registrar's No. 126

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: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community 6 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: Cape Girardeau

(a) State Mo (b) County Dellinger

(c) City or town Lafayette Whitewater
(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 (UNNAMED) 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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3rd 1944
(Month) (Day) (Year)

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

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER, FATHER { 12. Name Arthur Williams

13. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alma Proffer

15. Birthplace Whitewater Mo
(City, town, or county) (State or foreign country)

16. (a) Informant A.R. Williams

(b) Address Lafayette Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/44
(Month) (Day) (Year)

(c) Place: burial or cremation Barker Chapel

18. (a) Signature of funeral director Frank Thomas

(b) Address Cape Girardeau Mo

19. (a) 4-7-44 (Date received local registrar) (b) F. St. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 44 hour 7 minute a M.

21. I hereby certify that I attended the deceased from 4-3-44 to 4-3-44
that I last saw him alive on 4-3- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Due to Renal artery

Due to (7 mo)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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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)

(c) Means of injury 7

23. Signature W.D. Phelps (M. D. or other) _____

Address Cape Girardeau Date signed 4/3/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7
District File Number 544-37
Date Filed 5-8-44

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.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Raymond Steele

Licensed Embalmer No. 2476

P. O. Add. Hope Springs, Md.

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.