No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14014

State File No.

FILED APR 29 1946

Registration District No. 210 Primary Registration District No. 3050 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 508 13th, St. /
(If not in hospital or institution, write street number or location)

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

In this community About 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 508 13th, St. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME E. James Williams

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Catherine Williams

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December (Month) 25, (Day) 1888 (Year)

8. AGE: Years 58 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Catherine Williams /
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. L. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 4-26-46 (Date received local registrar) (b) Frederic B. Wilke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19, year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-29-46, 19..., to 4-19, 1946 that I last saw him alive on 4-19-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Chronic Hypertension	unknown
and nephritis, chronic	unknown
Due to	
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 O. W. Cook M. D. (M. D. or other)

Address Caruthersville, Mo Date signed 4-25-46

247 (Licensed Embalmer's Statement on Reverse Side)

4-46-93

MAY 7 1946

MAR 23 1954

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 Dell Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James A. Dabney

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.