

FILED SEP 30 1946

Primary Registration District No. 6076

Registrar's No. 1968

1. PLACE OF DEATH

(a) County Adair Co
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robt Koch Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 days
In this community 23 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2839 Lucas 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

VERNEEDA WILLIAMS

(b) If veteran, name war _____

(c) Social Security No. yes

4. Sex Fem

3

5. Color or race Col

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

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

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

7. Birth date of deceased 7 - 4 - 1922

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

24

2

11

hr. min.

9. Birthplace

FORREST City

(City, town, or county)

ARK. - 1

(State or foreign country)

10. Usual occupation

Nil

11. Industry or business

MOTHER FATHER

12. Name GUS REEVE

13. Birthplace ARK - 1

(City, town, or county)

(State or foreign country)

14. Maiden name ALBERTA BROCK

(City, town, or county)

(State or foreign country)

15. Birthplace ARK. 1

(City, town, or county)

(State or foreign country)

16. (a) Informant History of PE

(b) Address Koch Hospital

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 9-21-46

(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Bur

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) 9-17-46

(Date received local registrar)

(b) Ruth A. Reenker

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1946 hour 9 minute 8 P. M.

21. I hereby certify that I attended the deceased from 7-2-1946 to 9-15-1946
that I last saw her alive on 9-14- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tbc.

Duration

3 yrs?

Due to 138

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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Bernard Friedman (M. D. or other) MD

Address Robt Koch Hosp, Koch Mo Date signed 9/16/46

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

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 Lulton C Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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.