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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14451

Registration District No. 1272 Primary Registration District No. 4403 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Steele 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Patricia Ann Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 3 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	11	hr. min.

9. Birthplace Steele (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Wilce Williams
13. Birthplace Rowrdon (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Ella Marie Cunningham
15. Birthplace Steele (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Wilce Williams
(b) Address Steele Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director J. L. Lerman
(b) Address Steele Mo

19. (a) 5/1-47 (Date received local registrar) (b) J. R. Chapman (Registrar's signature) 5/1/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from March 14, 1947, to March 15, 1947 that I last saw her alive on March 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 0

23. Signature J. R. Chapman (M. D. or other)
Address Steele Mo Date signed 4-12-47

(Licensed Embalmer's Statement on Reverse Side)

5-47-147

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo Box 424

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.