

No. 2  
1-5-43  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18218

State File No. \_\_\_\_\_

FILED MAY 19 1947

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Nwe Madrid  
(b) City or town Lewis Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lilbourn Project.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Lewis Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lilbourn Project.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willie Houghes

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race Colored 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 May 14 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant.

11. Industry or business \_\_\_\_\_

12. Name Argentry Houghes.

13. Birthplace Kewanee, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name May Tom Lee.

15. Birthplace Vance, Mississippi.  
(City, town, or county) (State or foreign country)

16. (a) Informant Everlena Obonnon.

(b) Address Lilbourn, Missouri.

17. (a) Burial (b) Date thereof 5-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sand Hill Cem.

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

(b) Address Lilbourn, Missouri.

19. (a) 5-16-47 (b) H. S. Ponder, Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1947 hour 1:30 minute \_\_\_\_\_ P.M.

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

Immediate cause of death \_\_\_\_\_  
A Premature child at birth. There was no Dr. present at the birth.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

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 5  
23. Signature H. S. Ponder (M. D. or other) Coroner  
Address Lilbourn, Mo Date signed May 16-47

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

MOTHER FATHER

---

---

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..... *Homer L Ponder* .....

Licensed Embalmer No. *3367* .....

P. O. Address..... *Lilbourn, 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.**