

S. No. 2  
M-5-43  
5-17-39  
P 1: X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21662

State File No. ....

FILED JUL 3 1947

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:  
403 S. Elm St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 403 S. Elm St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Reatto (Reta) Williams

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race Negro

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

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

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

7. Birth date of deceased June 23, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 11 28 hr. min.

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

10. Usual occupation Housekeeper

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Willie Williams

(b) Address 403 S. Elm, Charleston, No.

17. (a) Burial (b) Date thereof June 24, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director F. D. Sparks  
Charleston, Missouri

(b) Address \_\_\_\_\_

19. (a) 6-28-47 (b) Mrs. John Bonduant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1947 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 6-8-1947 to 6-20-1947  
that I last saw her alive on 6-20-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
& Left Hemiplegia

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature W. A. Singal (M. D. or other)

Address 2045 Locust St. Charleston Mo. Date signed 6-24-47

Duration

4 months

10 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 747-909

Date Filed 7-7-47

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.