

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26459

FILED AUG 4 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 6115

Registrar's No. 65

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: R.F.D. Sikeston, Richland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott

(c) City or town: R.F.D. Sikeston, Mo
(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: ALMA LUCILLE WILLIAMS

3. (b) If veteran, name war: No

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 3 minute 32 P. M.

21. I hereby certify that I attended the deceased from 1:15 1947, to July 20 1947; that I last saw him alive on July 20 1947 and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mozelle 6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: Dec 9 1911
(Month) (Day) (Year)

Immediate cause of death: Heart failure

Duration: 6 hrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

Due to: Engorged Varies

Due to: _____

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

Other conditions (include pregnancy within 3 months of death): _____

10. Usual occupation: Housewife

Major findings: 100A

Of operations: _____

Of autopsy: _____

11. Industry or business: _____

12. Name: John Young

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

14. Maiden name: Dora Mae

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

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mozelle Williams

(b) Address: R.F.D. Sikeston, Mo

17. (a) Burial (b) Date thereof: 7-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sikeston, Mo

18. (a) Signature of funeral director: Wesley James Home

(b) Address: Sikeston, Mo

19. (a) 7-27-47 (b) Mrs. T.F. Henry
(Date received local registrar) (Registrar's signature)

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) _____ Means of injury: _____

23. Signature: A.D. Master (M. D. or other) _____
Address: Sikeston, Mo Date signed: 7-26-47

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

RECEIVED

District Health Office No. 2,

District File Number 942-104,

Date Filed 2-21-47

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sekeston 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.