

FILED SEP 4 3 1947

Registration District No.

Primary Registration District No. 3074

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Scott Mo.
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
105 Westgate - Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Twenty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 105 Westgate
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Estella Williams Jones

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

4. Sex Female 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife James Williams 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased Nov. 15 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Bird Jones - 9
13. Birthplace Arkansas - 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Jones
15. Birthplace Arkansas - 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Emerson
(b) Address 105 Westgate St. Sikeston Mo.

17. (a) Burial (b) Date thereof 8-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Fred Smith
(b) Address 121 1/2 maid st. Sikeston, Mo.

19. (a) 8-27-47 (b) Mrs. P. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18
year 47 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug. 10, 1947, to Aug. 17, 1947
that I last saw her alive on Aug. 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration _____

Due to Hypertensive Cardio-vascular disease } acc. to long standing history

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AMP
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 _____

23. Signature Wm. T. Sample (M. D. over) Date signed 8/20/47
Address 204 S. Locust St.

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

RECEIVED

District Health Office No. 2,

District File Number 947-1125

Date Filed 1-2-47

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address 1512 Market St. Sikeston

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.

Mo.