S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1948

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 43930

Registration District No. 333 Primary Registration District No. 2074 Registrar's No. 10

**1. PLACE OF DEATH:**
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 222 Fair st - 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 two years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston Mo 5
(If outside city or town limits, write "RURAL")
(d) Street No. 222 Fair st 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Taredal William Jr.
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Child 0
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug (Month) 10 (Day) 1939 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 8 | 4 | 14 | ..... hr. ..... min. |

9. Birthplace Edmondson Ark (City, town, or county) / (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER 12. Name Taredal William
13. Birthplace Lambert Miss (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name Maxine Lee
15. Birthplace Marvell Ark (City, town, or county) / (State or foreign country)
16. (a) Informant Maxine Lee Williams
(b) Address 222 Fair Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set addition
18. (a) Signature of funeral director Ted Smith
(b) Address 1213 Main St. Sikeston
19. (a) 12-31-47 (Date received local registrar) (b) Mrs T. F. Hemphill (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 24 day Dec year 1947 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from 16 Nov, 19 47 to 24 Dec 19 47
that I last saw him alive on 24 Nov 19 47
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Congenital Heart disease | Life |
| Due to — | |
| Due to — | |
| Other conditions — none (Include pregnancy within 3 months of death) | |

Major findings:
Of operations — 5 7 E
Of autopsy — 1 5

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 H. B. Thorgmorton (M. D. or other)
Address Sikeston, Mo. Date signed 30 Dec 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-43
Date Filed 1-8-47

**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 Sekeston, M

**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.**