

5. No. 2.  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 18 1947  
Registration District No. 3

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43937  
State File No. \_\_\_\_\_  
Registrar's No. 5

Primary Registration District No. 36/15

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

1. PLACE OF DEATH:  
(a) County Scott  
(b) City or town Sikeston, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Crow Addition  
(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 Life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Scott (b) County Missouri  
(c) City or town Sikeston, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Crow Addition  
(If not in city or town limits, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY G. WILLIAMS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. UNKNOWN

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct 16 1947  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 11 Apr 46  
116 Oct 47, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_;  
that I last saw her alive on 16 Oct 47, 19 \_\_\_\_\_,  
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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 1, 1867  
(Month) (Day) (Year)

Immediate cause of death  
Myocardial Ch.

8. AGE: Years Months Days If less than one day  
80 6 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to br. asthma  
Due to myocardial Ch. disease  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Webster Co., Kentucky  
(City, town, or county) (State or foreign country)  
10. Usual occupation house wife

PHYSICIAN  
Underline the cause of 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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Daughters  
(b) Address Sikeston, Missouri  
17. (a) Burial (b) Date thereof Oct. 19, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Sikeston

18. (a) Signature of funeral director Carville Taylor  
(b) Address Sikeston, Mo.  
19. (a) 12-10-47 (b) Mrs. T. F. Henry  
(Date received local registrar) (Registrar's signature)

23. Sign John Henry (M. D. or other) \_\_\_\_\_  
Address Sikeston, Mo. Date signed 12 Nov 47

RECEIVED

District Health Office No. 2

District File Number 12-2-1613

Date Filed 12-15-47

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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.....

*James M Scott*

Licensed Embalmer No.....

*4350*

P. O. Address.....

*East Prairie, 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.