No. 2
-2-43
17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20287

FILED JUL 2 1948

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 608 W. 6th, St.
(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 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville, 1
(If outside city or town limits, write "RURAL")
(d) Street No. 608 W. 6th, St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIE MCWILLIAMS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased June (Month) 4, (Day) 1900 (Year)

8. AGE: Years 48 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Puckhorn Point, (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business X

FATHER
12. Name Will Brown
13. Birthplace Unknown (City, town, or county) Miss! (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lula Stepheson
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 6-22-48 (Date received local registrar) (b) Jessie B. Wilke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, year 1948 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jun. 12, 1948, 19..., to June 17, 1948, that I last saw her alive on June 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uterine Cancer	3yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature T. W. Hopper (M. D. or other)
Address Caruthersville Mo. Date signed 6-21-48

(Licensed Embalmer's Statement on Reverse Side)

6-48-189

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 A. Osburn

Licensed Embalmer No. 4185

P. O. Address Lawrenceville, K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.