

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33429

Registrar's No. 162

Registration District No. 773

Primary Registration District No. 6015A

1. PLACE OF DEATH:

(a) County St. Francois Elouis R. #1  
(b) City or town St. Francois with rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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

3. (a) PRINT FULL NAME Geneva G. Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife John Frank Williams 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 21 1879  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Jarrette

13. Birthplace Ste Genevieve County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Nancy

15. Birthplace Ste Genevieve County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph V Williams

(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof 10/2/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K of P Farmington

18. (a) Signature of funeral director Farmington Wd. Co

(b) Address Farmington Mo.

19. (a) Oct 2 39 (b) B. J. Robinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Elouis St. Francois Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. W. D. #1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sep day 29  
year 39 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 1 1938 to sep 29 1939;  
that I last saw her alive on sep 29 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Apoplexy

Due to Artery Sclerosis  
High Blood Pressure

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

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 R. Robinson (M. D. or other) \_\_\_\_\_

Address Farmington Date signed Oct 2 39

WHILE FADING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

me....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4084

P. O. Address Farmington Wis

**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, above space should be left blank.**