DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42097

Registration District No. I43 Primary Registration District No. 5205 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Rural Carter Tp

(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 Eight months- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter

(c) City or town Rural-

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ruth Williams,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Chas. Williams

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) I5, (Day) I867 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	3	hr. min.

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

10. Usual occupation Housewife-

11. Industry or business

FATHER

12. Name Henry Sullivan

13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER

14. Maiden name Rachel Smedly

15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Thos. Wilson Tripp,

(b) Address Ruble, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Paint Rock Cem.

18. (a) Signature of funeral director Craig Leuckel

(b) Address Van Buren

19. (a) Nov. 18th 40 (Date received local registrar) (b) T. W. Cotton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day I8th, year I940 hour 8.30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 3rd, I940, 19, to Nov. IIth, 1940; that I last saw her alive on Nov. I6th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy (Ist I2-39	
" 2nd, II-I7-40	
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

23. Signature T. W. Cotton, T. W. Cotton (M. D. or other)

Address Van Buren, Mo. Date signed 11-18-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 12401177
Date Filed

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address Van Buren

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

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