. No. 2
—1-4-41
5-17-39
I X28390

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

820

FILED AUG 1 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24936

Regis strict No. 231 Primary Registration District No. 4141 Registrar's No.

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town STEELVILLE
(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 years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Ann Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 17 (Day) 1941 (Year)
8. AGE: Years | Months | Days | If less than one day 8 hr. 15 min.
9. Birthplace STEELVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name ORION L. WILLIAMS
13. Birthplace CRAWFORD (City or county) MISSOURI (State or foreign country)
MOTHER 14. Maiden name ELLA E. BROWN
15. Birthplace CRAWFORD (City or county) MISSOURI (State or foreign country)
16. (a) Informant Orion L. Williams
(b) Address Steelville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Huzza cemetary
18. (a) Signature of funeral director L. L. Jones
(b) Address Steelville Mo
19. (a) 7-9-41 (Date received local registrar) (b) C. Pitts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18 year 1941 hour 7:00 AM minute M.
21. I hereby certify that I attended the deceased from MAY 17 1941 to 19 ; that I last saw her alive on MAY 17 1941 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital heart disease —	
Due to Patent foramen ovale	
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 William H Robey (M. D. or other) MD
Address Steelville Mo. Date signed 5/18/41

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 5,
District File Number 741603
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 not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed L J James

Licensed Embalmer No. 2379

P. O. Address Steelville

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.

S. No. 2B
1—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24936

Registration District No. 231 Primary Registration District No. 4141 Registrar's No.

1. PLACE OF DEATH:

(a) County: Crawford

(b) City or town: Steelville
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Crawford

(c) City or town: Steelville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ruth A. 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: S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 7-9-41 (Date received local registrar) (b) W. R. Gibbs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-24936