

Registration District No. 218

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ravensway Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community. 1 day years, months or days)

3. (a) PRINT  
FULL NAME

RUTH WILLIAMS

3. (b) If veteran,  
name war.

3. (c) Social Security

No. 487-22-1703

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife.

7. Birth date of deceased. 12-27-1915  
(Month) (Day) (Year)

8. AGE: Years 25 Months 8 Days 7 If less than one day  
hr. min.

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

10. Usual occupation Teacher  
School

11. Industry or business

12. Name

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

14. Maiden name Angie Duggs

15. Birthplace 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Williams

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 9-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Street O. Parker

(b) Address Columbia Mo

19. (a) 9-6-41 (b) Dr. Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1941 hour 1100 minute a M.  
21. I hereby certify that I attended the deceased from Sept 3-4  
to Sept 4 1941;  
that I last saw her alive on Sept 4 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Stomach Nephritis Duration 4 days

Due to

Due to

Other conditions Uremia state  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 10

23. Signature M. L. DeGraeger (M. D. or other) MD

Address Boonville Mo Date signed 9/4/41

SEP 11 1941

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

*Stuart P. Parker*

Licensed Embalmer No.

*2900*

P. O. Address

*Columbia*

**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.**