

FILED JUN 8 1944

Registration District No.

Primary Registration District No. 3000

State File No.

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Hubersville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green-Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Ruby Alice McWilliam
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female / 5. Color or race w
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 12-22-1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 17
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Oliver Coleman

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

14. Maiden name Oliver Fuller

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

16. (a) Informant Charles McWilliam
(b) Address Howard Mo

17. (a) Burial (b) Date thereof 5-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howard Mo

18. (a) Signature of funeral director William B. ...
(b) Address Shelby Co Mo

19. (a) 5/10/44 (b) Mrs. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Howard Mo
(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 May day 9th
year 1944 hour 8 minute 20 A M.

21. I hereby certify that I attended the deceased from April 12th, 1944, to May 9, 1944;
that I last saw her alive on April 9th, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus to rt side of heart. Duration 20 min

Due to Chronic myocardial & valvular heart disease 30 yrs

Due to ...
Other conditions Hysterectomy 56 lb 4-13-44
(Include pregnancy within 3 months of death)

Major findings: Multiple uterine fibroids (Had had hemorrhages before)
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? _____

While at work? _____ (Specify type of place)
(g) Means of injury _____

23. Signature George E. ... (M. D. or other) MD
Address Hubersville Mo Date signed 5-9-44

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

2-43
7-39
K35697

MOTHER FATHER

1074

JUL 22 1948

RECEIVED

District Health Officer No. 10

District File Number 6-44-1050

Date filed JUN 7 1944

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.....

Licensed Embalmer No. 3498

P. O. Address..... Shelburne Me

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.