

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34341

FILED NOV 8 1945
Registration District No. 274

Primary Registration District No. 3052

State File No. _____

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 317 E. Johnson St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME RUBY L. WILLIAMS

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

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife William B. Williams 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan 3 1888
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Barney Morehead
13. Birthplace Pettis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Pettis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W B Williams
(b) Address Sedalia Mo
17. (a) Burial (b) Date thereof 9-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F D Ferguson
(b) Address Sedalia Mo
19. (a) 10-9-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 317 E Johnson St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1945 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 9/11 to 9/11 1945
that I last saw her alive on 9/11 and that death occurred on the date and hour stated above.
Immediate cause of death Cancer Duration 3

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 95e

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) _____
(e) Means of injury D
Signature W B Williams (M. D. or other) MD.
Address Sedalia Date signed 9/11-45

1456 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-9-15-

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

F. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia

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.