

No. 2  
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5-17-39  
1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18345

State File No. \_\_\_\_\_  
Registrar's No. 202

Registration District No. 274 Primary Registration District No. 3052

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 205 E. Johnson  
(If not in hospital, institution, write street number or location)  
(d) Length of stay: In hospital or institution 42 yrs (Specify whether years, months or days)  
In this community 42 yrs

3. (a) PRINT FULL NAME RUTH R. WILLIAMS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Denward Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10 25 1896  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER  
12. Name George Williams  
13. Birthplace Burnetown Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Betty Raizer  
15. Birthplace Burnetown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nelson Williams

(b) Address Buffalo New York

17. (a) Burial (b) Date thereof 6-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burnetown Co. Mo

18. (a) Signature of funeral director B. D. Lequand

(b) Address Sedalia Mo

19. (a) 6-4-47 (b) Betty Yeager  
(Date received local registrar) (By) (Signature) (Date)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pettis Mo  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 E. Johnson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1947 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from 30 1947 to June 1 1947  
that I last saw her alive on May 31 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to stroke in the brain  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations cf 3A  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature W. C. Dancy (M. D. or other) MD.  
Address Sedalia Mo Date signed 6-4-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 5-14-47

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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. B. 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.