S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32888

Primary Registration District No. 1003

Registrar's No. 8721

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1822 Hickory St. 9
(If rural, give location)

(e) Citizen of foreign country? 22 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruby Lea Parnell

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Parnell

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased December (Month) 25 (Day) 1927 (Year)

8. AGE: Years 19 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name Hansford Williams
13. Birthplace Granite (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Mildred Bates
15. Birthplace Graniteville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mildred Bunch
(b) Address 1822 Hickory St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1947 hour 2 minute 25 A.M.

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

Immediate cause of death: Internal Hemorrhage from Gunshot Wound of Heart, Liver and Right Lung inflicted at the Hands of one Robert Parnell in her home

Due: 1822 Hickory Street Around 2:25 a.m. Sept 15, 1947

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 166

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Sept 15 1947

(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? Home (Specify type of place)

While at work? (e) Means of injury Gabone

23. Signature Alfred J. Perry DDS (M. D. or other) 3

Address Deputy Coroner Date signed 9-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....3575.....

P. O. Address.....

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.