No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1553

FILED JAN 26 1948

Registration District No. ~~XXXX~~ 155 Primary Registration District No. 3127 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 832 West Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 832 West Third 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rutherford H. Williams
3. (b) If veteran, name war no data
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora L. Williams
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 4 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	7	..... hr. ..... min.

9. Birthplace Joplin, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Sanitary Food Inspector
11. Industry or business
FATHER
12. Name Carroll Williams 0
13. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Sarah Hodshier
15. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Widow Cora L. Williams
(b) Address Webb City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri
19. (a) JAN 14, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1948 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Oct 13 1947, to Jan 11 1948;
that I last saw him alive on Jan 5 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83 A
Of autopsy 0

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)
(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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature C. F. Grayson (M. D. or other) DO
Address Webb City, Mo Date signed 1/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-1-26

Gray

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, Mo.

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.