DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43637

Registration District No. 407 Primary Registration District No. 4241 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: ✓
(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 Jasper

(c) City or town Carterville
(If outside city or town limits, write "RURAL")

(d) Street No. 412 W. Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Ruth B. Williams 452

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife David Williams

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan (Month) 10 (Day) 1906 (Year)

8. AGE: Years 33 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Goodman (City, town, or county) Missouri (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name George Turner
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Jackson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Williams
(b) Address Carterville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cem Galena Kansas

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) Dec. 21-1939 (Date received local registrar) (b) J. W. Clark 21.9 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1939 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1939, to Dec. 20, 1939, that I last saw her alive on Dec. 20, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of womb.	
Due to	
Due to	
Other conditions Hemorrhages of womb. (Include pregnancy within 3 months of death)	
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)
While at work? (e) Means of injury

23. Signature J. W. Clark (M. D. or other)
Address Carterville, Mo. Date signed 1-4-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 6,
District File Number 140-74
Date Filed JAN 8 1940

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 A. R. Mills, Registered Apprentice No. ..... working under my personal supervision.

Signed A. R. Mills

Licensed Embalmer No. 347

P. O. Address Wahl City, M

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, above space should be left blank.