

No. 300
-10-47
-5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25827**
Registrar's No. **112**

FILED SEP 1 1948
Registration District No. **82**

Primary Registration District No. **5308**

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

1. PLACE OF DEATH:
(a) County **COOPER**
(b) City or town **BLACKWATER (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY 40 - 15 MILES W. OF BOONVILLE
(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)

3. (a) PRINT FULL NAME **RUBY WILLIAMS**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **346-18-6082**
4. Sex **FEMALE** 5. Color or face **NEGRO** 6. (a) Single, widowed, married, divorced **DIVORCED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MARCH 12 - 1909**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 5 7 hr. min.

9. Birthplace **ALABAMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**
11. Industry or business **PRIVATE EMPLOYMENT**

MOTHER FATHER {
12. Name **WILLIAM GRAYER**
13. Birthplace **NORTH CAROLINA**
(City, town, or county) (State or foreign country)
14. Maiden name **MARTHA THOMAS**
15. Birthplace **NORTH CAROLINA**
(City, town, or county) (State or foreign country)

16. (a) Informant **GEORGE GRAYER**
(b) Address **CHICAGO - ILL.**
17. (a) **REMOVAL** (b) Date thereof **AUG. 22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CHICAGO - ILL.**

18. (a) Signature of funeral director **STEGNER**
(b) Address **BOONVILLE - MO.**
19. (a) **8-21-48** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **ILLINOIS** (b) County **COOK** **999**
(c) City or town **CHICAGO** **11**
(If outside city or town limits, write "RURAL")
(d) Street No. **615 E. 46th St.**
(If rural, give location) **2**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **19th**
year **1948** hour **10:30** minute **a.** M.
21. I hereby certify that I attended the deceased from **NEVER SEEN ALIVE**
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 **Crushed skull**
Crushed chest, fractured
right limb and fractures
of both arms.
Due to _____

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

Major findings: **1700-8**
- Of operations **221**
- Of autopsy **None**
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) **Auto accident**
(b) Date of occurrence **Aug 19-1948**
(c) Where did injury occur? **Highway 40 Cooper mo**
(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)
(c) Means of injury **auto**
23. Signature *[Signature]* (M. D. or other)
Address **Boonville Mo** Date signed **8-20-48**

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 8-31-48

SEP 7 1948

SEP

APR 21 1953

SEP 3 1948

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.