S. No. 2
I—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39473

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 407

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community Transient
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County 999
(c) City or town Texarkana 41
(If outside city or town limits, write "RURAL")
(d) Street No. 729 McArthur 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Rufus Wayne Williams
3. (b) If veteran, name war No.
3. (c) Social Security No. 460-24-9544
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 25, 1929 (Month) (Day) (Year)

8. AGE: Years 19 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Texarkana, Texas 1 (City, town, or county) (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business Lumber
FATHER
12. Name Rufus M. Williams
13. Birthplace Honeygrove, Texas 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Letha B. Bowers
15. Birthplace Honeygrove, Texas 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Billie Thomas
(b) Address Texarkana, Texas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Texarkana, Texas
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Missouri
19. (a) 12/16/48 (Date received local registrar) (b) R H Menetres (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1948 hour 12 minute 45 p.m.
21. I hereby certify that I attended the deceased from 12 14, 1948, to 12-14, 1948
that I last saw him alive on 12-14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Basal Skull Fracture	
Due to	
Due to	
Other conditions (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) Accident - 12
(b) Date of occurrence 12/14/48
(c) Where did injury occur? Neelyville, Butler, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway #67 (Specify type of place) Truck hit by Train
While at work? Yes (e) Means of injury
23. Signature Frank E. Dinelli (M. D. or other) M.D. 12/15/48
Address Poplar Bluff MO Date signed

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1949

DEC 29 1948

MAR 9 1949

RECEIVED
District Health Office No. 2,
District File Number 1248-1686
Date Filed 12-20-48

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 Russell A Vaughn, Registered Apprentice No. 233, working under my personal supervision.

Signed Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.