

RECD NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34764
Do not use this space.

1. PLACE OF DEATH

(a) County Wagoner Registration District No. 399
 (b) Township Raw Primary Registration District No. 1007
 (c) City Kansas City (d) Street No. 225 Oakley St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 4100

2. PRINT FULL NAME

(a) Residence, No. 225 Oakley St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1879

7. AGE YEARS 59 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) March
 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas, Johnson Williams

FATHER 13. NAME John Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lora Williams
225 Oakley

18. BURIAL, CREMATION OR REMOVAL PLACE Clatsop, Mo. DATE 10-21 1938

19. FUNERAL DIRECTOR (ADDRESS) Samuel Bra
1536 Main

20. FILED Oct 20 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1938, to 10/19, 1938.
 I last saw him alive on Oct-19-38. Death is said to have occurred on the date stated above, at 10:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Volvulus heart disease

Date of onset 10/16/38

Other contributory causes of importance:
Volvulus heart disease

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Pneumonia
 (Signed) Samuel Bra, M. D.
 (Address) 5400 St. John Ave
Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

Wagoner 2667

FORM 7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Katie Daniels Parish, Licensed Embalmer No. 2091

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Vergil Mills Jr., Registered Apprentice No. 883
working under my personal supervision.

Signed Katie Daniels Parish

Licensed Embalmer No. 2091

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.)