

REC'D JUN 8 1939

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

17704

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Butaw Primary Registration District No. 1007
(c) City Kansas City (d) Street No. 5331 S Benton Registered No. 2106
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

452 Nellie Turner Williams
(a) Residence, No. 5331 S Benton 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 Fe. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Kansas

FATHER 13. NAME Jno. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. O

MOTHER 15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mary Anderson
5331 S Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5/22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros
1729 Ludia

20. FILED May 20, 1939 M. M. Croome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/18 1939 to 5/18 1939
I last saw her alive on 5/18 1939 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

myocarditis
9351

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation..... Date of.....
What test confirmed diagnosis clinical Was there an autopsy? no

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.....

(Signed) Dr. F. M. Hillman M. D.

(Address) 7618 Lydia

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, 3994

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2333 Ruby Ave

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.