

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.

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

21048  
Do not use this space.

1. PLACE OF DEATH **399**

(a) County Jackson Registration District No. 1002

(b) Township Kaw Primary Registration District No. \_\_\_\_\_

(c) City Kansas City (d) Street No. 2541 Woodland St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 Rachel Bond

(a) Residence, No. 2541 Woodland St.  (If nonresident, give city or town and State)

**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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1845

7. AGE YEARS 93 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed

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) Fayette Co. Ala.

FATHER 13. NAME Robert Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

MOTHER 15. MAIDEN NAME Eliza Fink

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

17. INFORMANT (ADDRESS) Oscar N. H. son 2541 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 6-5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED June 6, 1939 M. M. Crowe, Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/22/39 to 6/2/39

I last saw h. ex. alive on 6/2/39 Death is said to have occurred on the date stated above, at 5 m.

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

Coronary Sclerosis Date of onset 945

Other contributory causes of importance: Arteriosclerosis (general)

Pneumonia Name of operation no Date of 5/27/39

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? no 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 no

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) M. M. Crowe, M. D.

(Address) 2131 E. 24th

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**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 E. W. G. Evans

Licensed Embalmer No. 7836

P. O. Address.....

**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.**