

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31065

State File No. _____

3629

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 16 days
(Specify whether _____)
In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
0
(d) Street No. 610 N. Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME ROY ALLEN WILLIAMS

8. (b) If veteran, name war -- 3. (c) Social Security No. ---

20. DATE OF DEATH: Month Sept. day 14th
year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from
Aug. 30th 1940, to Sept. 14th 1940;
that I last saw him alive on Sept. 14th, 1940
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased July 27 1938
(Month) (Day) (Year)

Immediate cause of death: Meningitis, epidemic, type not de-
termined.

8. AGE: Years 2 Months 1 Days 19 If less than one day
hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace K.C. Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation _____ (State or foreign country) 0

11. Industry or business _____ (State or foreign country) 0

MOTHER FATHER { 12. Name Harry R. Williams
18. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Anna Marie Moulden
15. Birthplace Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry R. Williams
(b) Address 610 North Wabash

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Sept 16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Metairie Cem

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director John G. Mauer
(b) Address 1465 E 15th

While at work? _____ (Specify type of place) (c) Means of injury !

19. (a) Sept. 16, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signatory Dr. Harry R. Shaw (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 9-16-40

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

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

John P. Musser

Licensed Embalmer No. 2646

P. O. Address 1415 311

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.