No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37770

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4358

DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution: 3125 Grand Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 20 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Missouri (If outside city or town limits, write "RURAL")

(d) Street No. 3125 Grand Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Thomas M.Williams

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Williams

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec 27 1871 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Carpenter 9

11. Industry or business 9

FATHER
12. Name No Record 9
13. Birthplace Norecord (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name No Record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Hattie Williams
(b) Address 3125 Grand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov i6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director Mrs C.L.Forster
(b) Address 918 Brooklyn

19. (a) 11-16-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 14 year 1940 hour 8 minute 25 A.M.M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw him alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Hypertensive Pulmonary Edema~~

Due to ~~Hypertensive Myocarditis~~

Due to ~~Chr Vasc Nephritis~~

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations
Of autopsy

Duration

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)
(b) Date of occurrence
(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? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature Russell W Dean (M. D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed C.H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.