No. 2
1-13-40
-17-39
I X23159

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. 41344
Registrar's No. 4737

Registration District No. 399 Primary Registration District No. 1002

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: Trinity Lutheran Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks, (Specify whether years, months or days)
In this community 30 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 4301 Harrison,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Louis M. Williams,
3. (b) If veteran, name war
3. (c) Social Security No. 514-03-9852
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eleanor Putsch Williams,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 19 1883 (Month) (Day) (Year)
8. AGE: Years 57 Months 0 Days 23 If less than one day hr. min.
9. Birthplace Kansas, (City, town, or county) (State or foreign country)
10. Usual occupation Wholesale Meat Co.
11. Industry or business x
MOTHER FATHER
12. Name Edwin Insco Williams,
13. Birthplace Troy, Ohio, (City, town, or county) (State or foreign country)
14. Maiden name Isabella Jane Simmons,
15. Birthplace Pleasant Hill, Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Eleanor Williams,
(b) Address 4301 Harrison, Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bartlesville, Oklahoma
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-12-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th, year 1940, hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from April, 1932, to 12-11, 1940 that I last saw alive on 12-11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Ruptured Stomach Ulcer
Due to Infarction
Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death) 117N

Major findings:
Of operations
Of autopsy Coronary Thrombosis
Ruptured Stomach Ulcer

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

23. Signature George C. Lee (M. D. or other)
Address 1630 Prof Bldg Date signed 12/11/40

(Licensed Embalmer's Statement on Reverse Side)

Drs. George Lee and Joseph Wilker

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo.

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

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