DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41635

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 5028

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

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: 4305 Washington (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether)

In this community: 3 months (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 limits, write "RURAL")

(d) Street No.: 4305 Washington (If rural, give location)

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

3. (a) PRINT FULL NAME: Marjorie Bell Williams

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Col

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: September 15, 1940 (Month) (Day) (Year)

8. AGE: Years — Months: 3 — Days: 16 — If less than one day ..... hr. ..... min.

9. Birthplace: Kansas City (City, town, or county) — Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Paul Williams
13. Birthplace: Boley (City, town, or county) — Oklahoma (State or foreign country)

MOTHER
14. Maiden name: Wilma Kaiser
15. Birthplace: Manhattan (City, town, or county) — Kansas (State or foreign country)

16. (a) Informant: Paul Williams

(b) Address: 4305 Washington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland

18. (a) Signature of funeral director: Watkins Bros.

(b) Address: 1729 Lydia

19. (a) 12-31-40 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12/30/1940 to 12/31/1940 that I last saw her alive on 12/30/40, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	7 days
Due to: Bronchitis 10 Ia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: no

Of autopsy: no

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): no

(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: 1

23. Signature: M. W. Caldwell (M. D. or other)

Address: 2151 E. 24 Date signed: 1/2/40

(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.....

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

working under my personal supervision.

Signed: Isaac Jerome Manlo

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd

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

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