

S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5758
Registrar's No. 530

MAR 14 1941

Registration District No. 329

Primary Registration District No. 1002

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

48
3
8

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
16 West 37th Street,
(d) Length of stay: In hospital or institution NO.
In this community 18 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(d) Street No. 16 West 37th St.,
(e) If foreign born, how long in U. S. A.? NO. years.

3. (a) PRINT FULL NAME Mrs. Opal LaVonne Williams,
3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 4th,
year 1941 hour 7:05 minute P. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Frank W. Williams,
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 6th, 1903

21. I hereby certify that I attended the deceased from Feb 3-
1941, to Feb. 12, 1941
that I last saw her alive on Feb. 3/41
and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 3 Days 26
If less than one day hr. min.

Immediate cause of death. Coronary artery
Due to HY
Due to 45R
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation at home,

11. Industry or business X

12. Name Thomas Denton,

13. Birthplace Alabama,
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Hines,

15. Birthplace Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Williams,

(b) Address 16 West 37th St., Kansas City, Mo.
Removal, (b) Date thereof 2/5-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stotesbury, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-5-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature M. M. Crowe (M. D. or other)
Address 1040 1/2 1st St. Date signed 1/17/41

Dr. Nathan Zoglin,
Argyle Bldg.

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

Willis H. Bennett

Registered Apprentice No.

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working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No.

1415

P. O. Address

R. C. Mc

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, fact should be so stated above.