No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

Registration District No. 199

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9717

Registrar's No. 1126

8
3
8

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-16-41-3-4-41 (Specify whether years, months or days)

In this community 16 days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3414 E/ 21st Street
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 16 (Day) 1941 (Year)

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

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Kneely Williams
13. Birthplace Ark. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Dorothy Lindasy
15. Birthplace Kansas (City, town, or county) / (State or foreign country)

16. (a) Informant Kneely Williams
(b) Address 3414 E. 21thSt. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemeatry

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave.

19. (a) 3/18/41 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4 year 41 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-16- 1941 to 3-4- 1941 that I last saw h. 1m alive on 3-4- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Auto Intoxication from Congenital Atresin of Rectum

Due to
Unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? (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 [illegible] (M. D. or other)
Address Gen. Hosp #2 Date signed 3-5-41

(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 Trenlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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.