

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9733**

APR 15 1941
Registration District No. **279**

Primary Registration District No. **1002**

Registrar's No. **1142**

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 7 Mo. (Specify whether
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. 5905 Indiana (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1941 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from
3-14-41 19 to 3-18-41 19
that I last saw him alive on 3-18-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pulmonary edema and congestion
Parenchymatous degeneration of heart, liver
and kidneys

Duration

Due to BRONCHOPNEUMONIA

Due to _____
Other conditions
(include pregnancy within 3 months of death)
1318

PHYSICIAN

Major findings:
Of operations _____
Of autopsy See above
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Ruby R. Thow (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME PHILLIP WILLIAMS

3. (b) If veteran, name war No 3. (c) Social Security No. no

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. XXXXXX 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Aug. 9 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 27 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Phillip S. Williams

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

14. Maiden name Beatrice Collins

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

16. (a) Informant Phillip S. Williams

(b) Address Stoutland Mo.

17. (a) Burial (b) Date thereof 3-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.

Eylar Funeral Home

18. (a) Signature of funeral director _____

(b) Address 1800 Linwood K.C. Mo.

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

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

8380

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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.