

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23986
2525
Registrar's No.

FILED AUG 16 1941
Registration District No. 379

Primary Registration District No. 1002

748
38
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:
1032 Fuller Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Teresa Williams
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Joseph A. Williams
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased March 1 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 0
If less than one day --- hr. --- min.

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

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Thomas
(b) Address 1032 Fuller

17. (a) Cremation (b) Date thereof July 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-3/41 (b) M. M. Cron
(Date received local registrar) (Registrar's signature)

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. 1032 Fuller Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1 - 1941
that I last saw her alive on July 1 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block - Endocarditis (Chronic)
Duration Short
Due to Don't know - Probably Myocardium and arterio sclerosis

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? ---

While at work --- (Specify type of place) (e) Means of injury ---
23. Signature W. Martin (M. D. or other) ---
Address 5328 E 24th Date signed 7-2-41

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1-5
6001 24

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 George M. Collier
Licensed Embalmer No. 3839
P. O. Address K.C. Mo.

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.