

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27349
State File No. _____
Registrar's No. 3007

REG. DISTRICT NO. **1002**
SEP 12 1941

Primary Registration District No. 1002

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 Hospt. (1)**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Hrs.**
(Specify whether
In this community **2 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson 58**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **4222 Spruce**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **RICHARD LEON WILLIAMS**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **no**

4. Sex **Male (1)** 5. Color or race **wh.**
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 **June 13 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 1 24 hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **Oscar Williams**
13. Birthplace **Oenspille Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Knabe**
15. Birthplace **Mo. (1)**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Williams**

(b) Address **4222 Spruce**

17. (a) **Burial** (b) Date thereof **8-9-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood K.C. Mo.**

19. (a) **8/8/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8-7-41** day **9:15 P.**
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____ 19____;
that he was _____ alive on _____ 19____;
and that death occurred on the date and hour stated above:
Immediate cause of death _____ Duration _____

Acute atropine poisoning

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 as follows:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **8-7-41**
(c) Where did injury occur? **K.C. Mo.**
(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)
Signature **Myrtle Miller** (M. D. or other) **3**
Address **K.C. Mo.** Date signed _____

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

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 Weisick

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.