S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30538

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3295

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

048
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: 3709 Topping (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 21 years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3709 Topping (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Meria Williams

3. (b) If veteran, name war —

3. (c) Social Security No. 740

4. Sex Fe 3

5. Color or race Col

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

6. (b) Name of husband or wife Thomas Williams

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 5 (Month) 15 (Day) 1879 (Year)

8. AGE: Years 62 Months 3 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Willis (City, town, or county) 1 Texas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jeff Gooden
13. Birthplace Willis (City, town, or county) 1 Texas (State or foreign country)

MOTHER
14. Maiden name Emaline Stone
15. Birthplace Willis (City, town, or county) 1 Texas (State or foreign country)

16. (a) Informant Marie Williams daw.

(b) Address 3709 Topping

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 2 (Day) 1941 (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th

19. (a) 9/2/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26, year 1941 hour 9:40 minute 15A M.

21. I hereby certify that I attended the deceased from 8-1-40 8-26-41 to 8-26-41; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to Carcinoma Colon, Sigmoid

Due to Colon - Primary

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

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) No

(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 Chas R. Hunsley (M. D. or other) M.D.

Address Lee Colo Bldg Date signed 8-2-41

(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.....

Licensed Embalmer No.....3836.....

P. O. Address.....

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.