

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31679

FILED OCT 20 1941

Registration District No. 400

Primary Registration District No. 555313

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Mo
(c) Name of hospital or institution Jackson Co Home for Aged (C)
(d) Length of stay: In hospital or institution Don't know
In this community Don't know

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson #8
(c) City or town Kansas City Mo #3
(d) Street No. #8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JOHN H. WILLIAMS

3. (b) If veteran name war - 3. (c) Social Security No. none

4. Sex M 2 5. Color or race negro 6. (a) Single, widowed, married, divorced 7. Birth date of deceased Oct 18 1876

8. AGE: Years 64 Months 11 Days 6

9. Birthplace St. Joseph Mo

10. Usual occupation Laborer

11. Industry or business Don't know

12. Name Don't know

13. Birthplace Don't know

14. Maiden name Don't know

15. Birthplace Don't know

16. (a) Informant County Home Records

(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof 9-27-41

(c) Place: burial Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director (b) Address 1819 E. 15th St. KC Mo

19. (a) Date received local registrar 9-30-41 (b) Registrar's signature Sarah L. Baker

(c) Address 2028 Vin St

Date signed 9/27/41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1941 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Aug 1 - 1941 Sept 6 1941; that I last saw him alive on Sept 6 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatic Pericarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 58a

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)

(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 L. W. Booker (M. D. or other)

Address 2028 Vin St Date signed 9/27/41

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

MOTHER FATHER

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.....

Edw. J. Stevens

Licensed Embalmer No.....

3836

P. O. Address.....

1819 1/2 15th St NW

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.