V. S. No. 2
DM—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1494

Registration District No. 397 Primary Registration District No. 1002 Registrar's No. 269

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs - 8 min (Specify whether
In this community
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. 335 Spruce
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Babe Williams
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Girl
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased January (Month) 1, (Day) 1942 (Year)

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

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Newborn
11. Industry or business —
FATHER
12. Name John Stuart Williams
13. Birthplace Lorain (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Reba Irene Hartman
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Research Hospital
(b) Address 23rd & Holmes - K.C.Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Research Hospital
18. (a) Signature of funeral director K. G. Mo
(b) Address
19. (a) 1-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1942 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from 2:22 AM Jan 1, 1942 to January 1, 4:30 AM 1942 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to Congenital malformations	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1420 Prof. Bldg. Date signed 1-13-42

(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.....

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, above space should be left blank.