. S. No. 2
M—9-4-41
ev. 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. 9958

FILED APR 1 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1112

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

48
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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-3-42-3-11-42 (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1026 Virginia
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JESS WILLIAMS

3. (b) If veteran, name war unk.

3. (c) Social Security No. no

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August (Month) 16 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	25	hr. min.

9. Birthplace Monroe (City, town, or county) Louisiana 1 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name John Williams
13. Birthplace Monroe (City, town, or county) Louisiana 1 (State or foreign country)

MOTHER
14. Maiden name Letha Dickson
15. Birthplace Monroe (City, town, or county) Louisiana 1 (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- (Month) 18- (Day) 1942 (Year)

(c) Place: burial or cremation Blue Ridge K.C. Mo.

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

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 3-18-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 10 minute 10 p.M.

21. I hereby certify that I attended the deceased from March 3, 1942 to March 11, 1942
that I last saw him alive on March 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia with Gangrenous cystitis

Due to Urethral stricture with urethral fistula of old

Due to Gc. origin

Other conditions 25.20
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Gen. Hosp #2-600 E 22 Date signed 3-13-42

(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 Edwd S Evans

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.