

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 17 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23673

State File No.

Registrar's No. 2907

Registration District No. 149

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:
3201 Broadway Apartment #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years
(Specify whether 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. 3201 Broadway Apt. #3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Minnie B. Williams

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Price I Lovd Williams 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased On November 1 26 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>85</u>	hr. min.

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

10. Usual occupation Former Restaurant Owner

11. Industry or business Retired Illinois

MOTHER FATHER

12. Name Benjamin Rusher

13. Birthplace Zenia Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. Informant B. P. Rusher

17. (a) Address Summersville Mo

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

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 8/21/42 (b) M. B. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 26/42
to Aug. 1 1942
that I last saw her alive on Aug. 1
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage Duration

Due to arterio-sclerosis

Due to 830

Other conditions she never was conscious after saw her

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 the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X
(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 T. J. Beattie (M. D. or other)

Address 1262 Walden Date signed Aug 4/42

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

Dr. T. J. Beattie
Woodlee Hotel
3552 Broadway

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 *K. C. McCombs Jr*
Licensed Embalmer No. *4043*
P. O. Address *K. C. Mo.*

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.