S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33021

State File No.

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3724

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 Days (Specify whether In this community 3 1/2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Garden City 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. R R #2 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Jack Williamson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Vola

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb (Month) 6 (Day) 1881 (Year)

8. AGE: Years 61 ~~60~~ Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name A. W. Williamson
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Otto Coleman

(b) Address Garden City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/9/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Mo

18. (a) Signature of funeral director [illegible]

(b) Address Garden City Mo

19. (a) 10-9-42 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 42 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10/6 1942 to 10/9 1942 that I last saw him alive on 10/8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis [illegible] — Duration: Hours

Due to Intestinal Obstruction Dynamic — 4 Days

Due to 122 B²

Other conditions (Include pregnancy within 3 months of death)

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)

(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 D. Johnson (M. D. or other)

Address 3034 Harrison Date signed 10/9/42

361

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1958

MAR 4 1958

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 J. M. Kauffman, Registered Apprentice No. ~~[illegible]~~ 103 working under my personal supervision.

Signed J. M. Kauffman

Licensed Embalmer No. 1030

P. O. Address [illegible] City 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.