

No. 2  
-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21137  
State File No.

X32873  
4  
0  
0

FILED JUL 6 1943  
Registration District No. 271

Primary Registration District No. 30-1-2 5287 Registrar's No. 283-

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town RURAL, Fishing River Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 mile South Excelsior Springs, Manner Pool  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether years, months or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City, Mo. 3  
(If outside city or town limits, give "RURAL")  
(d) Street No. 815 West 35th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME VINCENT PARK WILLIAMS

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 single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 7 - 1935  
(Month) (Day) (Year)

8. AGE: Years 8 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation School Boy

11. Industry or business "

12. Name Vincent Taylor Williams

13. Birthplace Stangeberry, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sibyl Whittaker

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

16. (a) Informant Mrs. Williams

(b) Address 736 W. 11th St. Kansas City, Mo.

17. (a) Removal (b) Date thereof 6-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removal

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs, Mo

19. (a) 6-25-43 (b) Mrs. Sadie Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25<sup>th</sup>  
year 1943 hour 4:45 minute 0 M.

21. I hereby certify that I attended the deceased from 1943 to 1943

that I last saw deceased on June 25, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning accident

Due to overdose 13-3

Due to overdose 24

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

Major findings: Of operations overdose

Of autopsy overdose

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) accidental Drowning

(b) Date of occurrence June 25<sup>th</sup> 1943 0230

(c) Where did injury occur? Manner Pool, Excelsior Springs, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place, 1 mi. S. of Excelsior Springs, Mo.  
(Specify type of place)

(e) Means of injury overdose

23. Signature P. W. Braden (M. D. or other)

Address Excelsior Springs, Mo. Date signed 6-25-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-1-43

OCT 6 1943

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Chalco Springs

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.