V. S. No. 2
50M—5-42
Rev. 5-17-39
I X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24141

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2075

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

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: 3200 Nashdyke
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. (Specify whether
In this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Nashdyke
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Williams Milton J.
3. (b) If veteran, name war ✓ 3. (c) Social Security No. none
4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day hr. min.
offer

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Willison
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name May Willison
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lucy De Tar
(b) Address 640 East 72nd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director Snow-Mayhew
(b) Address 2315 Linwood
19. (a) 5-3-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 9 15 minute P M.
21. I hereby certify that I attended the deceased from 9-1-41
, 19 , to 4-29-43 ;
that I last saw him alive on 4-28-43 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to 97	
Due to	
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 [signature] (M. D. or other)
Address 3200 Nashdyke Date signed

(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 Ray E. Snow

Licensed Embalmer No. 2560

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.