

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 27 1943
Registration District No. 149

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3564
Registrar's No. 1002

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 1700 East 24th Street
1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 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. 1700 East 24th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT Ortiz Lee Williams
FULL NAME

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henrietta Cason Williams (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 7, 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Darling S. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Business

11. Industry or business Grocery Business

12. Name Isiah Williams

13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Amanda London
(City, town, or county) (State or foreign country)

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

16. (a) Informant Lloyd Williams
(b) Address 1700 East 24th Street

17. (a) Burial (b) Date thereof Aug. 18, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, C.

18. (a) Signature of funeral director Jimmie A. Meek
(b) Address 1708 E. 18th St. N.C., Mo.

19. (a) 8-17-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1943 hour 3:00 minute 0 a. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic fibrous myocarditis
Due to Acute Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations yes Of autopsy yes

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. P. Richardson (M.D. or other) 3
Address 1822 Vine Date signed 8-15-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Jammie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas 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.