

V. S. No. 2  
 00M-2-43  
 Rev. 5-17-39  
 I X399

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33986

State File No. \_\_\_\_\_

Registrar's No. 4388

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

FILED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
 (a) County JACKSON.  
 (b) City or town J.C. Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mercy Hosp. O  
 (If not in hospital or institution, write street number of location)  
 (d) Length of stay: In hospital or institution 6 weeks  
 (Specify whether leukaemia)  
 In this community 6 weeks  
 years, months or days

3. (a) PRINT FULL NAME JANICE-MAY WILLIAMS  
 3. (b) If veteran name war no  
 3. (c) Social Security No. none

4. Sex F  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced SO  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 11 1941  
 (Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 3  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Earl Williams  
 13. Birthplace Clyde Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Spiria Henkle  
 15. Birthplace Eshridge Ks.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mother  
 (b) Address Eshridge, Ks.

17. (a) Removal (b) Date thereof 10-14-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Eshridge, Ks.

18. (a) Signature of funeral director Stanley Funeral Home  
 (b) Address Eshridge, Kans.

19. (a) 10-15-43 (b) J. E. Fournier  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kans. (b) County Wabasha  
 (c) City or town Eshridge  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14  
 year 1943 hour 7 minutes 05 a. M.  
 21. I hereby certify that I attended the deceased from September 4  
1943 to October 14, 1943  
 that I last saw her alive on October 14, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Diffuse Bronchopneumonia  
acute dilatation of the  
stomach.  
 Due to Passive congestion  
of the viscera

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?

23. Signature of physician John H. Perkins M.D.  
 Address Wm. West Hwy Date signed Oct 17 1943

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

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**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 Orville H. Berkwith

Licensed Embalmer No. 3987

P. O. Address. Kansas City, Kansas

**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.**