36974

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4534

FILED NOV 20 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 1910 East 19th St., Rear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 East 19th St. Rear 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Williams

3. (b) If veteran, name war World War I

3. (c) Social Security No. 514-07-4567

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Margaret Williams

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

7. Birth date of deceased July (Month) 4, (Day) 1888 (Year)

8. AGE: Years 56 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Monroe Williams
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Sallie Bowles
15. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Johnny Thomas
(b) Address 2728 Olive

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 11-10-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1944 hour 6:30 minute A. M.

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

Immediate cause of death Nuclear Congestion and Edema

Due to Lungs

Due to Pending Investigation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

Duration

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 3

23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 11-8-44

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

NOV 28 1944

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 D J Marlowe

Licensed Embalmer No. 3994

P. O. Address 25039 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
40
2659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4534

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K-C
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1910 E. 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 11-10-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Deputy Coroner to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Congestion &	
Due to edema of lungs	
Due to (n. m. o.)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 111 C	
Of autopsy yes	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature S. P. Richardson (other)
Address 1832 Vine Date signed 11-8-44

SUPPLEMENTARY

1944
S-36974