

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

36975

Registrar's No.

4631

Registration District No.

149

Primary Registration District No.

1002

## 1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 16 hours (Specify whether  
In this community 4 years years, months or days)

3. (a) PRINT FULL NAME MARGARET P WILLIAMS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 2 1940  
(Month) (Day) (Year)

8. AGE: Years 4 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Charles Williams13. Birthplace Jackson, Mo  
(City, town or county) (State or foreign country)14. Maiden name Etta15. Birthplace Kansas City, Mo  
(City, town or county) (State or foreign country)16. (a) Informant William S. Graft(b) Address 1528 Jackson St. Mo17. (a) Burial (b) Date thereof 11-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellevue Hospital18. (a) Signature of funeral director George Cleary(b) Address Indpls Indpls, Mo19. (a) 11-17-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

## 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. 1528 Cherry  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16  
year 1944 hour 4:00 minute 0 M.

21. I hereby certify that I attended the deceased from 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 Serious fever (with  
Cerebral adenitis)  
Due to...  
Due to...

Other conditions 8  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy See above

## 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 D. E. Brown 3 (M. D. or other)  
Address K.C. Mo. Date signed 11/16/44

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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

*Floyd C. Larson*

Licensed Embalmer No.

*4189*

P. O. Address

*Independence, 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.**