

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1532**
Registrar's No. **5412**

FILED JAN 17 1945

Registration District No. **149**

Primary Registration District 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**
(c) Name of hospital or institution: **General Hospital No. 2**
(d) Length of stay: In hospital or institution **18-27-44-12-29-44**
In this community **1 yr.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1007 Vine**
(e) Citizen of foreign country? **no**
If yes, name country _____

3. (a) PRINT FULL NAME **CLARICE WILLIAMS**
(b) If veteran, name war **None**
(c) Social Security No. **None**

4. Sex **female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Paul Williams**
(c) Age of husband or wife if alive **unk**
7. Birth date of deceased **May 1912**

8. AGE: Years **32** Months **7** Days **-**
If less than one day _____ hr. _____ min.

9. Birthplace **California** **Missouri**
10. Usual occupation **maid**

MOTHER FATHER

11. Industry or business _____
12. Name **Alex Hale**
13. Birthplace **Missouri**
14. Maiden name **Mattie Admon**
15. Birthplace **Missouri**

16. (a) Informant **Record Clerk**
(b) Address **Gen. Hosp. #2**
17. (a) **removal** (b) Date thereof **1/4/45**
(c) Place: burial or cremation **California Mo.**
18. (a) Signature of funeral director **Putnam Bros**
(b) Address **1729 Hyde**
19. (a) **12-3-44** (b) **P. E. Brown**

20. DATE OF DEATH: Month **December** day **29**
year **1944** hour **10:55** minute **p.**
21. I hereby certify that I attended the deceased from **December 27**, 1944, to **December 29**, 1944
that I last saw her alive on **December 29**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma**
Due to _____
Due to _____
Other conditions **601**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ Means of injury **0**
23. Signature **P. E. Brown**
Address **Gen. Hosp. #2-600 E 22** Date signed **1-2-45**

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 *D. J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.