S. No. 2
M—5-43
. 5-17-39
I X36671

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

25464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26618

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Clay Gallatin Twsp

(b) City or town RR. 8 North Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. 8 North Kansas City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 8 North Kansas City 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Leqreta Mae Williams

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

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 Aug (Month) 20 (Day) 1946 (Year)

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

9. Birthplace R.R. 8 NorthKan. City (City, town, or county) missouri (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Champ Williams
13. Birthplace Plat Co. (City, town, or county) missouri (State or foreign country)

MOTHER
14. Maiden name Nellie Lerren Burtle
15. Birthplace Clay Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Champ Williams
(b) Address R.R. 8 North Kanso City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Barry Cem.

18. (a) Signature of funeral director Smith's Funeral Home
(b) Address North Kansas City Mo.

19. (a) Aug 24th 46 (Date received local registrar) Beulah Fritchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Aug 20, 1946 to Aug 24, 1946 that I last saw him alive on Aug 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Thymus	3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 64	
Of autopsy	

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 [illegible] (M. D. or other)

Address Liberty, Mo. Date signed 8/24/46

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-31-46

This baby was not embalmed and the burial and laying out was handled by the family.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.