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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27421
Registrar's No. 3434

FILED AUG 19 1946
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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1213 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years (years, months or days)

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. 1213 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Williams
3. (b) If veteran, name war no
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August, day 8, year 1946 hour 9:30 A.M. M.
21. I hereby certify that I attended the deceased from July 29, 1946 to August 7, 1946 that I last saw her alive on August 7, 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pete Williams
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May - 2 1899
(Month) (Day) (Year)

Immediate cause of death Acute Dilatation of the Heart
Due to Hypertensive type Heart Disease - Decompensation

8. AGE: Years Months Days If less than one day
47 3 6 hr. min.

Duration _____
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace Lewisville Ark.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____
Of autopsy: _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jim Dunning

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Brown

15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bessie Mae Williams

(b) Address 1213 Garfield, Kansas City, Mo

17. Removal (b) Date thereof 8/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texarkana, Ark.

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., Kansas City, Mo

19. (a) 8-9-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Royce B. Henry M. D. or other _____
While at work? _____ (Specify type of place) (c) Means of injury _____
Address 1830 Vine St Date signed 8/19/46

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.....

E. Sterling Bills

Licensed Embalmer No..... 3178.....

P. O. Address 1212 Vine St., Kansas City

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.