

S. No. 2  
OM 2-43  
v. 5, 17-35  
X-15697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33841

State File No. \_\_\_\_\_

FILED NOV 6 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4490

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Jackson City

(c) Name of hospital or institution: 3250 Knowledge Home

(d) Length of stay: 10 months

In this community: 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Jackson City

(d) Street No.: Parkville Mo

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Arabella A Williams

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: F / 1

5. Color or race: W

6. (a) Single, widowed, married, divorced, widow: widow

6. (b) Name of husband or wife: Walter

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

7. Birth date of deceased: Feb 10 1859

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1945 hour 9:10 minute 0

21. I hereby certify that I attended the deceased from 4-17-44 to 9-24-45 that I last saw h. alive on 2-24-45 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 86 Days 0 If less than one day hr. min.

Immediate cause of death: Atherosclerosis

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

9. Birthplace: \_\_\_\_\_

10. Usual occupation: at home

Other conditions: \_\_\_\_\_

Major findings: 97

11. Industry or business: same

12. Name: Samuel Johnson

Physician: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

13. Birthplace: \_\_\_\_\_

14. Maiden name: No Record

15. Birthplace: No Records

16. (a) Informant: Mrs A E Leslie

(b) Address: Parkville Mo

17. (a) Burial: \_\_\_\_\_ (b) Date thereof: 11-2-46

(c) Place: burial or cremation: Parkville, Kansas

18. (a) Signature of funeral director: \_\_\_\_\_

(b) Address: Parkville Mo

19. (a) 10-25-46 (b) A. H. Holman

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? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: \_\_\_\_\_

23. Signature: \_\_\_\_\_ (M. D. or other)

Address: \_\_\_\_\_ Date: 2-28-45

Yes, these dates are correct. This is a case where the body was being held in the funeral home for later removal and the certificate had never been filed. The funeral home was sold and the new owner wanted some disposition made of the body so the certificate was filed in this office in October and the removal made to Kansas in November.

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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, *[Signature]*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Roy E. Snow*

Licensed Embalmer No. 2560

P. O. Address KC 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.