

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37240

State File No. 4973

FILED DEC 9 1946

Registration District No. 177

Primary Registration District No. 1002

Registrar's No.

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City ?
(If outside city or town limits, write "RURAL")
(d) Street No. 4741 Campbell 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Emma Williams
3. (b) If veteran, name war No
3. (c) Social Security No. none

MEDICAL CERTIFICATION:
20. DATE OF DEATH: Month Nov. day 25
year 1946 hour 1 minute 50 P. M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Harry Williams 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Oct 4 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 20 1946 to Nov. 25 1946
that I last saw h. er alive on Nov. 25 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 9 Days 21 If less than one day hr. min.

Immediate cause of death
Generalized arteriosclerosis;
Cirrhosis of liver; Rheumatic
heart disease
Due to _____
Due to _____

9. Birthplace Marshalltown Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1246
Major findings: Of operations _____
Of autopsy See above

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Middleton
13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Winters
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Williams
(b) Address 4741 Campbell Ave

17. (a) removal (b) Date thereof Nov 26 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neodesha Park

18. (a) Signature of funeral director Hats Sumner Jones
(b) Address 1901 Clathor Blvd R. C. K.

19. (a) 11-26-46 (b) Esther Jones
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature W. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 11-26-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Buckner

AUG 17 1949

MAY 27 1954

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.