

No. 2
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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. **40919**
Registrar's No. **5420**

FILED JAN 7 1947
Registration District No. **749**

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:
3431 OLIVE STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 YEARS** (Specify whether years, months or days)

In this community **25 YEARS**

3. (a) PRINT FULL NAME **Katherine NANCY H Williams**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MR. ALBERT WILLIAMS**

6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased **December 4 1859**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	0	19	hr. min.

9. Birthplace **UNKNOWN WISCONSIN**
(City, town, or county) (State or foreign country)

10. Usual occupation **practical nurse**

11. Industry or business

MOTHER FATHER {

12. Name **CHAUNCEY HUTCHINS**

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

14. Maiden name **ELZINA BLACK**

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

16. (a) Informant **MRS HELEN HUTTIG**

(b) Address **ST. LOUIS, MISSOURI**

17. (a) **REMOVAL** (b) Date thereof **DEC-26-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PONCA CITY OKLAHOMA**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK CREEK BLVD.**

19. (a) **12-26-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3431 Olive** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION **9:30nd 7th**

20. DATE OF DEATH: Month **DEC** day **28**
year **1946** hour **5** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1 1930 to Jan 23rd 1946**
that I last saw him alive on **Dec 23rd 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	
Due to senile weakness	
Due to degenerity	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations 11C	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy X	

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 **11**

23. Signature **J. Thomas Pittman** (M. D. or other)
Address **636 W. 57 Terrace** Date signed **Dec 24-46**

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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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Carl Rapp*
Licensed Embalmer No. *23458*
P. O. Address *K.C. 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.