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7. 5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9498

State File No. _____

FILED APR 8 1947

Registrar's No. **1474**

Registration District No. **177**

Primary Registration District No. **1002**

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:
1720 East 75th, Terrace /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community **40 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1720 East 75th, Terrace** **8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. ANNA M. WILLIAMS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed** **2**

6. (b) Name of husband or wife **David F. Williams** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 15th, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	4	13	_____ hr. _____ min.

9. Birthplace **Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **William Barrick**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Charles F. Williams**

(b) Address **1720 East 75th, Street**

17. (a) **Removal** (b) Date thereof **3 - 30 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carl Junction, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **3-29-47** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28th.**
 year **1947** hour **8:45** minute **E** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Coronary Insufficiency**
Generalized arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **95C**
 Of operations _____

Of autopsy **no**
Histology & Tissue Culture

22. If death was due to external causes, (a) 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 _____

23. Signature **Ann C. ...** (M. D. or other) **Ann**

Address **1424 ...** Date signed **3-28-47**

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

MOTHER FATHER

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.