

S. No. 2
 1-12-45
 7-5-17-39
 1 X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9499

FILED MAR 25 1947

State File No. 1154
 Registrar's No.

Registration District No. 149 Primary Registration District No. 1001

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: St. Joseph Hospital
 (d) Length of stay: In hospital or institution 1 day
 In this community 4 months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 3120 Highland
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Donna Marie WILLIAMS
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 11
 year 1947 hour 12 P.M. minute 10 P.M.
 21. I hereby certify that I attended the deceased from March 11, 1947, to March 11, 1947, that I last saw her alive on March 11, 1947, and that death occurred on the date and hour stated above.

4. Sex female / race white
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased October 28, 1946

Immediate cause of death
 Broncho-Pneumonia
 Due to Bronchitis
 Duration 1 day
 7 days

8. AGE:	Years	Months	Days	If less than one day
	0	4	13	hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER
 12. Name Alfred Homer Williams
 13. Birthplace Waynesville, Missouri
 14. Maiden name Anna Marie Smith
 15. Birthplace Kansas City, Kansas /

Other conditions
 Major findings: Of operations 107
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Alfred H. Williams
 (b) Address 3120 Highland, K. C., Mo.

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?

17. (a) Removal (b) Date thereof 3-12-47
 (c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Mellody-McGilley-Eylar
 (b) Address Kansas City, Missouri

While at work? (Specify type of place) (c) Means of injury
 23. Signature Charles Eldridge (M. D.)
 Address 6247 Brookside Blvd Date signed 3-12-47

19. (a) 3-13-47 (b) Thelma Holme
 (Date received local registrar) (Registrar's signature)

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

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.