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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9500

Registrar's No. 1184

**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:
Conv. Home 3660 Summit St., 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. 9 months (Specify whether
In this community 55 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3660 Summit Street, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Florence Carter Williams

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

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife George Edward Williams

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

7. Birth date of deceased March (Month) 2 (Day) 1862 (Year)

8. AGE: Years 85 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name James Morris Carter
13. Birthplace South Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Ratcliff
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Carter L. Williams,
(b) Address 1836 W. 50th St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Waverly, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 12
year 1947 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from ..., 1925 to March 12, 1947
that I last saw her alive on March 12, 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia terminal | 3/10/47 |
| Due to | |
| Due to | |
| Other conditions: Toxic myocarditis (Include pregnancy within 3 months of death) | 1946 |

Major findings:
Of operations
Of autopsy

93°

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 612 Professional Bldg Date signed 3/13/47

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Clair Shuppard

Licensed Embalmer No. 4179

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.**