S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9501

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 1970

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: K.C.S.B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs (Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City - Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2643 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Williams, Mary
3. (b) If veteran, name war: no
3. (c) Social Security No. 509-16-1228
4. Sex: female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: UNKNOWN
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 (Month) - 1 (Day) - 1887 (Year)

8. AGE: Years 60 Months 0 Days 8/12 If less than one day hr. min.

9. Birthplace: White Co (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: maid
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: " (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name: Emma Bailey
MOTHER 15. Birthplace: White Co - Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant: Jewell Alexander
(b) Address: 2643 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1729 Lydia Ave
19. (a) 3-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1947 hour 10:30 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 2, 1943 to Mar 1 1947 that I last saw him alive on Mar 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration
Due to:
Due to:
Other conditions (Includes pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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: 0
23. Signature: M. B. Rosenberg (M. D. or other)
Address: K.C.S.B. Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

1 certified copy

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 Bruce Riley, Registered Apprentice No. 1183, working under my personal supervision.

Signed L. L. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Hayward

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.