

S. No. 2
4-12-45
7. 5-17-39
VI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13732
Registrar's No. 1751

Registration District No. 179 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 1 DAY
In this community 35 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 1725 MADISON
(e) Citizen of foreign country? NO

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 12, year 1947 hour 7: minute 40 A. M.
21. I hereby certify that I attended the deceased from APRIL 11, 1947 to APRIL 12, 1947 that I last saw h. ER alive on APRIL 12, and that death occurred on the date and hour stated above.

4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced, WIDOWED
6. (c) Age of husband or wife if alive 25 years 1874
7. Birth date of deceased DECEMBER 25, 1874

Immediate cause of death Uremia
Duration

8. AGE: Years 72 Months 3 Days 17

Due to Arterioscleratic Nephritis
Due to Generalized Arteriosclerosis
Other conditions Hypertensive Heart Disease

9. Birthplace ATLANTA GEORGIA

10. Usual occupation at home

Major findings: Of operations 13/a
Of autopsy

11. Industry or business
12. Name LOUIS THOMAS
13. Birthplace GEORGIA
14. Maiden name JENNIE LEWIS
15. Birthplace GEORGIA

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?
23. Signature J. W. Holmes (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 4/12/47

16. (a) Informant ETHEL WELLINGTON (DAUGHTER)
(b) Address 1725 MADISON
17. (a) Burial (b) Date thereof 4-17-47
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director J. W. Holmes
(b) Address
19. (a) 4-17-47 (b) J. W. Holmes

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.....

W. J. West

Licensed Embalmer No. *2710*

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.