

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Reese Precinct Jeep  
(c) Name of hospital or institution: Jackson County Home for Aged  
(d) Length of stay: In hospital or institution 5 mth. 13 da  
In this community 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City Mo - 3  
(d) Street No. 1604 Palmer 8  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Luther Williams

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Sophia L. Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8-4-1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name George R. Williams

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Margaret Holloway

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Jackson County Home Recorder

(b) Address Independence, Mo. R. R. #4

17. (a) Burial (b) Date thereof 5/1/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macks Creek, Mo.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 E. 15th. St.

19. (a) April 29, 1947 (b) Donald C. Earnshaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1947 hour 5:30 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 15, 1946, to 4/28, 1947  
that I last saw him alive on 4-25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myo carditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. W. Greese (M. D. or other) \_\_\_\_\_

Address Independence Date signed 4/28/47

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

MOTHER: FATHER: {

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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.**