No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27998

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3307

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: 4045 Walnut (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K.C. Mo (If outside city or town limits, write "RURAL") 3

(d) Street No. 4045 Walnut (If rural, give location) 8

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Willis Williams

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 26 (Day) 1947 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Freeman Williams
13. Birthplace La (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dalit Hill
15. Birthplace La (City, town, or county) (State or foreign country)

16. (a) Informant Freeman Williams

(b) Address 4045 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E. 18th St.

19. (a) 8-4-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 7-27-47, 1947 to 7-29-47, 1947; that I last saw him alive on 7-29-47, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pre-mature Birth

Due to 7½ mts of maturity

Due to

Other conditions 159 (Include pregnancy within 3 months of death)

Major findings: Premature maturity

Of operations 7½ mts

Of autopsy none

Duration

PHYSICIAN

Underline the cause of 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 W. Hambrick (M. D. ~~or other~~)

Address Lincoln Date signed Aug 1-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Gr 1886

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 A B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.