S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34734

Registrar's No. 4394

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: GENERAL HOSPITAL NO. 2 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community 20 YRS.
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. 1111½ CAMPBELL 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BEATRICE WILLIAMS

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced DIVORCED 2

6. (b) Name of husband or wife Willie Williams

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

7. Birth date of deceased JUNE (Month) 7, (Day) 1901 (Year)

8. AGE: Years 46 | Months 4 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace HARRILTON (City, town, or county) ARKANSAS (State or foreign country) 1

10. Usual occupation HOUSEWORK

11. Industry or business Home

FATHER
12. Name HENRY HOLLAND
13. Birthplace HARRILTON (City, town, or county) ARKANSAS (State or foreign country) 1

MOTHER
14. Maiden name MAGGIE BLADE
15. Birthplace HARRILTON (City, town, or county) ARKANSAS (State or foreign country) 1

16. (a) Informant WILLIAM WILLIAMS (SON)

(b) Address 1111½ CAMPBELL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cem.

18. (a) Signature of funeral director C. E. Davis

(b) Address 1515 Twost wel K. Com

19. (a) 10-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 16, year 1947 hour 7: minute 20 A. M.

21. I hereby certify that I attended the deceased from OCTOBER 12, 1947, to OCTOBER 16, 1947 that I last saw her alive on OCTOBER 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death TERMINAL BRONCHO-PNEUMONIA

Due to POSSIBLE CARCINOMA OF STOMACH

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy

Duration

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? O
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/17/47

(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 C. E. Davis

Licensed Embalmer No. 4417

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.