

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED JUN 26 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**19727**  
State File No. \_\_\_\_\_  
Registrar's No. **2574**

Registration District No. **149**

Primary Registration District No. **1002**

**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: **1300 Penn /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **50 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1300 Penn** **8**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** **Wayne W. Williams**

**3. (b) If veteran,** **World War 1** **name war** **3. (c) Social Security No.** **None**

**4. Sex** **Male** **0** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Myrtle F. Williams** **6. (c) Age of husband or wife if alive** **48** years

**7. Birth date of deceased** **February 22, 1894**  
(Month) (Day) (Year)

<b>8. AGE:</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>	<b>If less than one day</b>
	<b>54</b>	<b>3</b>	<b>26</b>	_____ hr. _____ min.

**9. Birthplace** **Missouri** **0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Prize Fighter**

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

**12. Name** **Jake Williams**

**13. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Unknown**

**15. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Myrtle F. Williams**

**(b) Address** **1300 Penn**

**17. (a) Burial** **(b) Date thereof** **6-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Fort Leavenworth, Kansas**

**18. (a) Signature of funeral director** **Freeman Mortuary**

**(b) Address** **Kansas City, Missouri**

**19. (a) 6-19-48** **(b) Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **18th.**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** **4/18**  
**1** 19 **46** to **12/16/47** 19 **47**  
that I last saw him alive on **12/16** 19 **47**  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Heart Failure**  
**due to** **Pneumothorax** **1540.**  
**Duration** **6000**

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

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

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

**Major findings:** **106 lb.**  
**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?** \_\_\_\_\_

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

**23. Signature** **Steraldine Holmes** **(M. Registrar)**

**Address** **618/Prof. Bely** **Date signed** **6/19/48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JUN 28 1948

SEP 23 1949

1-5 Fri.

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**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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P.O. Address M. 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.**