V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26679

Registrar's No. 3104

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ostepathic Hospital, 11th & Harison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 Hours (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Linden 6
(If outside city or town limits, write "RURAL") 0

(d) Street No. x 1
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Guy Otis Williams

3. (b) If veteran, name war No

3. (c) Social Security No. 494-12-7080

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased Jan (Month) 7 (Day) 1882 (Year)

8. AGE: Years 66 Months 6 Days 20 If less than one day x hr. min.

9. Birthplace Desota (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Brick Layer

11. Industry or business Same

FATHER
12. Name Edwin M. Williams
13. Birthplace Camp Point (City, town, or county) Illnois (State or foreign country) 1

MOTHER
14. Maiden name Lydia A. Flynn
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant H. Allen
(b) Address 3111 Kensington K.C. Mo.

17. (a) Removel (Burial, cremation, or removal) (b) Date thereof 7-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Barry, Missouri

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address 832 Armour Road, N.K.C. Mo.

19. (a) 7-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1948 hour 6.30 minute PM.

21. I hereby certify that I attended the deceased from June 47, 19__, to July 27, 1948 that I last saw him alive on July 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Esophagus — Duration 1 yr.

Due to

Due to

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

Major findings: — 46a
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?
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature Ott F. Reisman (M. D. or other) L.D.O.

Address 1115 Grand Date signed

(Licensed Embalmer's Statement on Reverse Side) K C Mo 7-29-48

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.