

UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30020

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

FILED OCT 1 1948/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3846

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: St. Lukes  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours  
(Specify whether years, months or days)

In this community 12 Hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town R.R.4 North Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. Oakhill Gardens  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melvin Bradford Williams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: Sept. 16 1948  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16  
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 9-16- 1948 to 9-16 1948;  
that I last saw him alive on 9-16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia  
Atelectasis 12 hrs

8. AGE: Years Months Days If less than one day

None None None 12 hr. \_\_\_\_\_ min.

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

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

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

10. Usual occupation None

11. Industry or business Same

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy yes

MOTHER FATHER

12. Name Melvin J. Williams

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

14. Maiden name Faye Kuntzman

15. Birthplace Oakwood Add. N.K.C. Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Melvin J. Williams

(b) Address R.R.4 North Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Slope Cemetary  
North Kansas City, Morton - Smith's

18. (a) Signature of funeral director Morton - Smith's

(b) Address 832 Armour Road, N.K.C. Mo.

19. (a) 9-20-48 (b) Stearline Holmes  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature Stearline Holmes (M. D. or other) \_\_\_\_\_  
Address 223 Relye Medical Date signed 9-20-48

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

KANSAS

KANSAS

KANSAS

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 Therion O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City, 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.