DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36958

Registrar's No. 4935

**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. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 36 hours (Specify whether years, months or days)

In this community: 40 years

**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.: 7017 Chestnut 8
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MRS. MARGARET E. WILLIAMSON

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Fe /

5. Color or race: Wh

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

6. (b) Name of husband or wife: Samuel G. Williamson

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

7. Birth date of deceased: July (Month) 7 (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 23 If less than one day: hr. min.

9. Birthplace: Evansville (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: No Record

13. Birthplace: (City, town, or county) Ky / (State or foreign country)

14. Maiden name: No Record

15. Birthplace: (City, town, or county) Ky / (State or foreign country)

16. (a) Informant: Paul R. Williamson

(b) Address: 7017 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: J. W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 12-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Nov. day: 30 year: 1948 hour: 9: minute: 20 A M.

21. I hereby certify that I attended the deceased from 11-28 1948 to time of death that I last saw him alive on 11-30 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Thrombosis | 8 day |
| Due to: cerebral arteriosclerosis | 17 yrs |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 83 h | |

Major findings:
Of operations:
Of autopsy: Rt cerebral thrombosis, acute
Lt " " old

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: Leo M. Mullen

23. Signature: Leo M. Mullen (M. D. or other) MD

Address: 3548 Indiana Date signed: 12-1-48

(Licensed Embalmer's Statement on Reverse Side)

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

L-5411

## 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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**