

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8689**
896

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) 1333 East 13th Street Apt. 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) NELLIE	a. (First)	b. (Middle)	c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 22 1949
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5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 27 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BOONE CITY, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME WILLIAM JACKSON	13b. MOTHER'S MAIDEN NAME NAOMI LANNINGHAM	14. NAME OF HUSBAND OR WIFE Steve Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME SISTER: EMMA REEVES	ADDRESS 1333 East 13th Street
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PELVIC ADHESIONS WITH INCARCERATION AND STRANGULATION OF LOOP OF THE ILEUM RESULTING IN ACUTE INTESTINAL OBSTRUCTION		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5705			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/7/, 1949, to 2/22/, 1949, that I last saw the deceased alive on 2/22/, 1949, and that death occurred at 1:10A m., from the causes and on the date stated above.

22a. SIGNATURE E. Frank Ellis	Degree or title REG. MED. O.	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 2/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 25-49	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cem.	24d. LOCATION (City, town, or county) (State) 28th Blue Ridge N.C. Mo
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DATE REC'D BY LOCAL REG. 2-25-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C. Kenneth Gerford
Licensed Embalmer No. *4437*

P. O. Address _____

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.