

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8692  
1138

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3-2 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2526 Chelsea</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u>		b. (Middle) <u>-</u>	c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25, 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Thos. HUFF</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CARTER</u>		14. NAME OF HUSBAND OR WIFE <u>Lloyd J. Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Lloyd J. Williams 2526 Chelsea</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean* the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated ulcer</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic, Pre pyloric</u> DUE TO (c) <u>Ulcer with obstruction</u> II. OTHER SIGNIFICANT CONDITIONS <u>5401</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u> <u>6 Months</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-1-46</u> , 19 <u>  </u> , to <u>7 March</u> , 19 <u>  49</u> that I last saw the deceased alive on <u>6 Mar.</u> , 19 <u>  49</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title)			23b. ADDRESS <u>Kansas City Mo.</u>		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/9/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt Washington</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-11-49</u>	REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE Kansas City, Mo.</u>		

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

*Dr. Myers  
R. L. Myers  
Archibald B. Bly*

**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 *May E. Myers*

Licensed Embalmer No. *4555*

P. O. Address *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.