

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5067

535

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) |  |   |  |
| a. COUNTY<br><u>Jackson</u>  |  | b. CITY (If outside corporate limits, write RURAL and give OR TOWN)<br><u>Kansas City</u>   |  | a. STATE<br><u>Missouri</u>  |  | b. COUNTY<br><u>Jackson</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>30 yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>5612 East 34th Terr.</u>             |  | <u>3548</u><br><u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>5612 East 34th Terr.</u>   |  | 3. NAME OF DECEASED   |  | 4. DATE OF DEATH   |  | 5. SEX  |  |
| a. (First)<br><u>Elvia Williams</u>  |  | b. (Middle)   |  | c. (Last)  |  | 6. COLOR OR RACE<br><u>Negro</u>  |  |
| (Type or Print)  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH<br><u>Aug. 16, 1904</u>   |  | 9. AGE (In years last birthday) Months Days<br><u>45</u>                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Miami, Missouri</u>                    |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                    |  |
| 13a. FATHER'S NAME<br><u>William Robertson</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Lizzie Gray</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Richard Williams</u>                                 |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>No</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Jennie Moore 5717 E. 34th St.</u>      |  |   |  |
| 18. CAUSE OF DEATH   |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polio Pneumonia</u>   |  |  |  | <u>3 days</u>   |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Bronchial Asthma</u> |  |  |  | <u>2 yrs.</u>   |  |
|  |  | DUE TO (c)  |  |  |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                         |  |  |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>490X</u>   |  |  |  | 20. AUTOPSY?<br>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>Jan 23, 1950</u> to <u>Jan 29, 1950</u> , that I last saw the deceased alive on <u>Jan 29, 1950</u> , and that death occurred at <u>12:30 a.m.</u> from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><u>H. M. Miller</u>  |  |   |  | 23b. ADDRESS<br><u>1816 W. 11th</u>  |  | 23c. DATE SIGNED<br><u>2-1-50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><u>2/4/50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lincoln Cemetery</u>                          |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>2-4-50</u>  |  | REGISTRAR'S SIGNATURE<br><u>Thelma Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Watkins Bros. 1739 Lydia</u>            |  |   |  |

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

*J. Jerome Manly*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

**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.