

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30722

3857

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  |  | c. LENGTH OF STAY (In this place) 20 YEARS   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY                                     |  | 31258  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL   |  |  |  | d. STREET ADDRESS (If rural, give location) 710 EAST 41 <sup>ST</sup> STREET   |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) EMMIT  |  | b. (Middle) H.   |  | c. (Last) WILLIAMS SR  |  | 4. DATE OF DEATH (Month) (Day) (Year) SEPT-7-1950                                |  |
| 5. SEX MALE   |  | 6. COLOR OR RACE WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED   |  | 8. DATE OF BIRTH NOV-11-1864   |  |
| 9. AGE (In years last birthday) 85  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 4 YEARS  |  | 10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR   |  | 11. BIRTHPLACE (State or foreign country) BOURBON COUNTY KANSAS                  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  | 13a. FATHER'S NAME THOMAS WILLIAMS   |  | 13b. MOTHER'S MAIDEN NAME ELIZABETH UNKNOWN  |  | 14. NAME OF HUSBAND OR WIFE MRS. EVA WILLIAMS                                    |  |
| 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. NONE   |  | 17. INFORMANT'S SIGNATURE OR NAME MRS. EVA WILLIAMS ADDRESS 710 EAST 41 <sup>ST</sup> STREET KANSAS CITY, MO.                |  |  |  |
| 18. CAUSE OF 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, asthma, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypo Static Pneumonia<br>ANTECEDENT CAUSES Chron. Interstitial Nephritis<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 10, 1950, to Sept 7, 1950, that I last saw the deceased alive on 9/6, 1950, and that death occurred at 7:15 A.M., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE J. E. DONALDSON (Degree or title)  |  |  |  | 23b. ADDRESS 410 1/2 4th Bldg  |  | 23c. DATE SIGNED 9/8/50  |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL  |  | 24b. DATE SEPT 9-1950  |  | 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY  |  | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI               |  |
| DATE RECD BY LOCAL REG. 9-9-50  |  | REGISTRAR'S SIGNATURE Geraldine Holmes   |  | 25. FUNERAL DIRECTOR'S SIGNATURE N.H. Neumann  |  | ADDRESS 1331. BRUSH CREEK KANSAS CITY, MO.                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Bernard L. Gowan*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4250*.....

P. O. Address *717 110*.....

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.