

FILED NOV 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33480  
Registrar's No. 4471

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
 a. 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 YRS  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 2735 CHERRY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MISSOURI b. COUNTY JACKSON  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
 d. STREET ADDRESS (If rural, give location) 2424 FOREST

3. NAME OF DECEASED  
 a. (First) WILLIAM b. (Middle) PEARL c. (Last) DANCY  
 4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1950

5. SEX MALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1  
 8. DATE OF BIRTH Nov. 17, 1889 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 1 MTH. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INTERIOR DECORATOR 10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED 11. BIRTHPLACE (State or foreign country) GADSDEN, ALA. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME REV. WM F. DANCY 13b. MOTHER'S MAIDEN NAME VINA WAYSEY 14. NAME OF HUSBAND OR WIFE BELLE DANCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME BELLE DANCY 2424 FOREST K.C., MO. ADDRESS

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 Shock, Hemorrhage & Cyanosis  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Fractured nasal bones & Multiple contusions of face & head  
 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  NO

21a. ACCIDENT (Specify) SUICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2735 CHERRY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K.C. JACKSON MO

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/19/1950 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Fighting

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Print Name & Title) THOS. A. JONES 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED 10/20/50

24a. BURIAL OR CREMATION (Specify) BURIAL 24b. DATE OCT. 23, 1950 24c. NAME OF CEMETERY OR CREMATORY WESTLAWN 24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.

DATE REC'D BY LOCAL REG. 10-24-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN 1708 TRACY

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1962

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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.....  
.....  
Student Embalmer Licensed Embalmer No.....  
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.