

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4966**
570

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 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		d. STREET ADDRESS (If rural, give location) 732 Campbell Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 732 Campbell Street			

3. NAME OF DECEASED (Type or Print) a. (First) MADGE			b. (Middle) IDA MAE			c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 2 1951		
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5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE		8. DATE OF BIRTH FEBRUARY 13 1896		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours 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) KANSAS CITY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME ED WILLIAMS			13b. MOTHER'S MAIDEN NAME HENRIETTA WILLIAMS			14. NAME OF HUSBAND OR WIFE		
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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. none		17. INFORMANT'S SIGNATURE OR NAME SALLIE BOND		ADDRESS 724 Campbell Street	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL PYONEPHROSIS		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. UREMIA						176X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUCE TO (b) URETHRAL IMPLANTATION DUE TO SIGMOID							
		DUCE TO (c) CARCINOMA OF THE VULVA							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-11, 1950, to 2-2, 1951, that I last saw the deceased alive on 2-2, 1951 and that death occurred at 5:00A. m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <i>[Signature]</i>		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 2-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/8/51		24c. NAME OF CEMETERY OR CREMATORY Lincoln cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo	
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DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE H B Moore		ADDRESS 1840 E. 18th	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

AB Moore

Signed.....

Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st

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.