

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16888

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2064

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) 19 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

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) 2436 Tracy Avenue

3418

3. NAME OF DECEASED

a. (First) BEN

b. (Middle)

c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) : (Year)

MAY 11 1951

5. SEX MALE

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JANUARY 10, 1895

9. AGE (In years last birthday) 57

10. UNDER 1 YEAR Months

11. UNDER 1 MIN. Hours

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) Morrilton, ARKANSAS

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME JESSE WILLIAMS

13b. MOTHER'S MAIDEN NAME LAURA

14. NAME OF HUSBAND OR WIFE JOSEPHINE WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOSEPHINE WILLIAMS 2436 Tracy Avenue

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ACUTE PERFORATED APPENDICITIS PERITONITIS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

5501

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1951, to 5-11, 1951, that I last saw the deceased alive on 5-11, 1951, and that death occurred at 10:55P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title)

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 5-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5/14/51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Morrilton, Arkansas

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 5-14-51 Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Watkins Bros. 18th & Beaton

(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 Bruce Watkins

Signed.....  
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> & Benton

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.