

FILED SEP 14 1951  
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27270  
3788  
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		d. STREET ADDRESS (If rural, give location) <b>118 1/2 Independence Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b> b. (Middle) <b>R</b> c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 1 51</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIV 3</b>	8. DATE OF BIRTH <b>3-2-74</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TAXI DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>UNK 9</b>
12. CITIZEN OF WHAT COUNTRY? <b>UNK</b>		13a. FATHER'S NAME <b>—</b>	
13b. MOTHER'S MAIDEN NAME <b>—</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-10-8520</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Walker</b>		ADDRESS <b>920 CENTRAL</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intertrochanteric fracture left femur</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac decompensation</b> DUE TO (c) <b>Pneumonia, bronchial</b>  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) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-18-51</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>fell from a high curb</b>	
22. I hereby certify that I attended the deceased from <b>Aug. 19, 1951</b> , to <b>Sept. 1, 1951</b> , that I last saw the deceased alive on <b>Sept. 1, 1951</b> , and that death occurred at <b>7:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. I. Burns, M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>9-1-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>9/5/51</b>	24b. DATE <b>9/5/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>RC KANS</b>
DATE REC'D BY LOCAL REG. <b>9-4-51</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SEBETO'S 21-C. mo</b>	

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.....

*Russell J. France*

Licensed Embalmer No. ....

*4255*

P. O. Address.....

*K6 Mo.*

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.