No. 200
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8474

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 946

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 20yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2426 Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 2426 Harrison 3438 1/2

3. NAME OF DECEASED (Type or Print)
a. (First) LESSIE
b. (Middle)
c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1955

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Jan. 2, 1883

9. AGE (In years last birthday) 72
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Marcella, M'la.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Solomon Hodge

13b. MOTHER'S MAIDEN NAME Millie ?

14. NAME OF HUSBAND OR WIFE Jonas Williams

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Corine Flowers
ADDRESS 2426 Harrison

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident (Hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

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* 2-24-, 1955, *to* 2-25-, 1955, *that I last saw the deceased alive on* 2-24-, 1955, *and that death occurred at* 9:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE C. J. Multhauf (Degree or title) M.D.

23b. ADDRESS 1222 - McGee St. K.C. Mo

23c. DATE SIGNED 2-28-55

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

24b. DATE 3/3/55

24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-2-55

REGISTRAR'S SIGNATURE Nova Minshall

25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bell

ADDRESS 1212 Vine

(Licensed Embalmer's Statement on Reverse Side)

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

C. J. Multhauf

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. Sterling Bill

Licensed Embalmer No. 31

P. O. Address 1212 v

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.