

365 54-55

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29876

FILED SEP 28 1955

BIRTH NO. 5347 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3868

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 town or township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2735 Brooklyn		e. STREET ADDRESS (If rural, give location) 2735 Brooklyn	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) C.	c. (Last) Williams, Jr.
4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1955		5. SEX male 6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, <input type="checkbox"/> DIVORCED (Specify) single		8. DATE OF BIRTH May 13, 1955	
9. AGE (In years) (Months) (Days) (Hours) (Min.) 3 19		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert C. Williams, Sr.	
13b. MOTHER'S MAIDEN NAME Lorene Lee Hill		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Robert C. Williams, Sr.		ADDRESS 2735 Brooklyn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholera Infantum		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Infection.		DUE TO (c)	
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)	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8-31- , 19 55 , to 9-2- , 19 55 , that I last saw the deceased alive on 9-2- , 19 55 , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Wm. A. Love		23b. ADDRESS 1820-7-3rd St.	
23c. DATE SIGNED 9-2-55		23d. NAME OF CEMETERY OR CREMATORY Lincoln	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 3, 1955	
24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-3-55		REGISTRAR'S SIGNATURE Reva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home		ADDRESS 18th & Center	

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

18 la. cholera infantum 3 days
.. b. infection

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.....
Signature of Student Embalmer

Signed *Oliver P. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *1st 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.