

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13494

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1707

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) 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"/>
c. LENGTH OF STAY (In this place) About 55 yrs		e. STREET ADDRESS (If rural, give location) 1405 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General #2		3. NAME OF DECEASED (Type or Print) a. (First) Wilmer b. (Middle) _____ c. (Last) Williams	
4. DATE OF DEATH April 9, 1957	5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 9, 1894	9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Work	
10b. KIND OF BUSINESS OR INDUSTRY Private Families		11. BIRTHPLACE (City and State or Foreign Country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME 7 Pipes		13b. MOTHER'S MAIDEN NAME Isabelle Shepherd	
14. NAME OF HUSBAND OR WIFE Floyd Williams		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 Wallace Tindall- 1110 Vine	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 4917	
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) (Min.)	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 3-15-57 , 19____, to 4-9-57 , 19____, that I last saw the deceased alive on 4-9-57 , 19____, and that death occurred at 10:45 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. R. Peterson</i>		23b. ADDRESS 600 E. 22nd Street	23c. DATE SIGNED 4-10-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/13/57	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. 4-12-57	REGISTRAR'S SIGNATURE <i>New Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. Sterling Hills</i> ADDRESS 1212 Vine	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 W. R. Peterson

NOV 1930

IN THE CITY OF

MOUSE

WILLIAM

1930

JANUARY

1930



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 *E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.