

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

24512  
Do not use this space.

REC'D AUG 8 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City mo (d) Street No. Gen #2 Registered No. 3017  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1103 Vine St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1896  
 7. AGE YEARS 40 MONTHS 0 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
 9. Industry or business in which work was done, as saw mill, bank, etc. Public  
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Geo. Williams, 11312 East 13th St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE July 23 1938  
 19. FUNERAL DIRECTOR (ADDRESS) B. F. Huelsch, Funeral Home, 2208 Vine St.  
 20. FILED July 27, 1938 M. M. Groome Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-38 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 10:00 p.m. 1938  
 I last saw him alive on July 18 1938 Death is said to have occurred on the date stated above, at 10:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Deceleration  
of Coronary Arteries  
9/4/38

Other contributory causes of importance:  
 Name of operation None Date of None  
 What test confirmed diagnosis None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1938  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) Russell Jensen, M. D.  
 (Address) None

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-10-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, B. L. Graham, Licensed Embalmer No. 2540  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. L. Graham  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed B. L. Graham  
Licensed Embalmer No. 2540

**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.)**